KELSEY TRAIL
HEALTH REGION

Annual Report

For the 2016-17 Fiscal Year Ended March 31, 2017

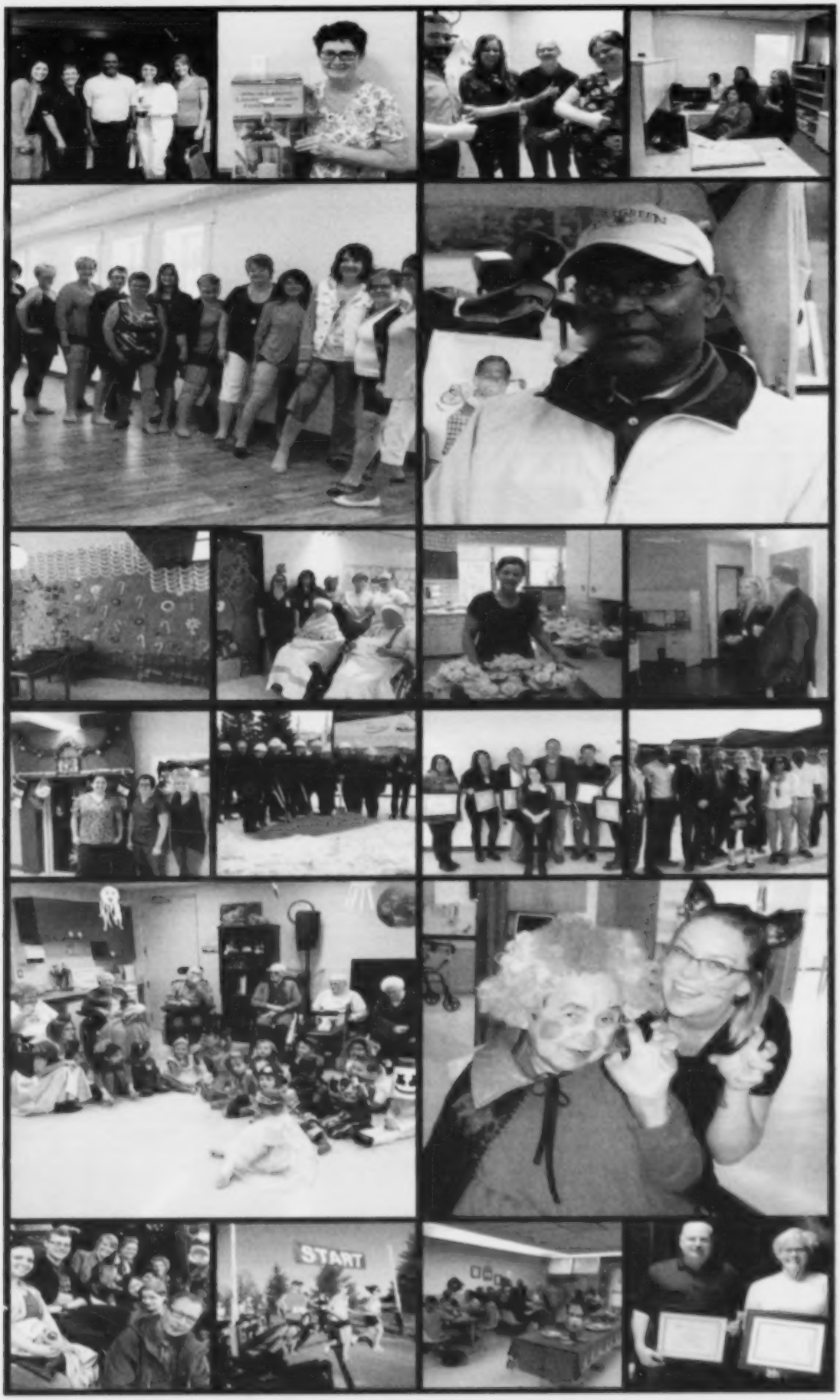

START

Table of Contents

Letter of Transmittal 2

Introduction 3

Alignment with Strategic Directions 3

Overview 6

Progress in 2016-17 13

Management Report 50

2016-17 Financial Overview 51

2016-17 Audited Financial Statements, Notes & Schedules 54

Appendices 83

- Organizational Chart
- Payee List
- Sources

The Kelsey Trail Health Region Annual Report for the fiscal year ending March 31, 2017 is available on the internet at www.kelseytrailhealth.ca.

Kelsey Trail Health Region is the operating name for the Kelsey Trail Regional Health Authority. Most references to this organization use Health Region, except in reference to the governing board, which is referred to as the Regional Health Authority. Health Region also refers to the geographic areas served by the Kelsey Trail Health Region.

Letter of Transmittal

The Honourable Jim Reiter
Minister of Health

Dear Minister Reiter:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2016-17 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2017.

The Kelsey Trail Regional Health Authority is pleased to report several accomplishments during the 2016-17 fiscal year including:

- the completion of the Kelvington capital project;
- the construction and opening of the new region-owned Nipawin Medi-Clinic;
- implementation of 24/7 paramedic and ambulance services in Cumberland House; and
- the replacement and upgrade of digital imaging technology equipment in Carrot River, Kelvington, Melfort, Nipawin, Porcupine Plain and Tisdale with Hudson Bay to be completed in the spring of 2017.

The overall success of the health region can be attributed to the compassion, dedication and commitment of the Kelsey Trail Health Region's greatest resource – its physicians and employees.

Respectfully submitted,

Rennie Harper
Chairperson
Kelsey Trail Regional Health Authority

Introduction

The 2016-17 annual report presents the Kelsey Trail Regional Health Authority's (KTRHA's) activities and the results of strategies, actions and performance measures identified within the provincial 2016-17 Health System Plan for the fiscal year ended March 31, 2017. This report demonstrates the health region's progress toward meeting 2016-17 targets and commitments, providing an opportunity to assess accomplishments, results and lessons learned while identifying how to improve on previous success for the benefit of the residents of the health region.

Under Section 55 of *The Regional Health Services Act*, the Kelsey Trail Regional Health Authority (KTRHA) is legislatively required to report on its annual activities. The Authority is collectively responsible for leading the organization in determining, monitoring and assuring appropriate organizational performance. The annual report provides accountability for the activities of the KTRHA to the public and the Ministry of Health.

The information in the annual report is driven by standards, best practise, performance measures and indicators, outcome benchmarks, statistical and environmental data collected by a variety of credible provincial and national organizations and bodies by which the overall performance of health care services and programs are measured. The Chief Executive Officer (CEO) is accountable for the financial administration and operational control of the health region and is confident the information contained within the annual report is accurate and complete.

Alignment with Strategic Direction

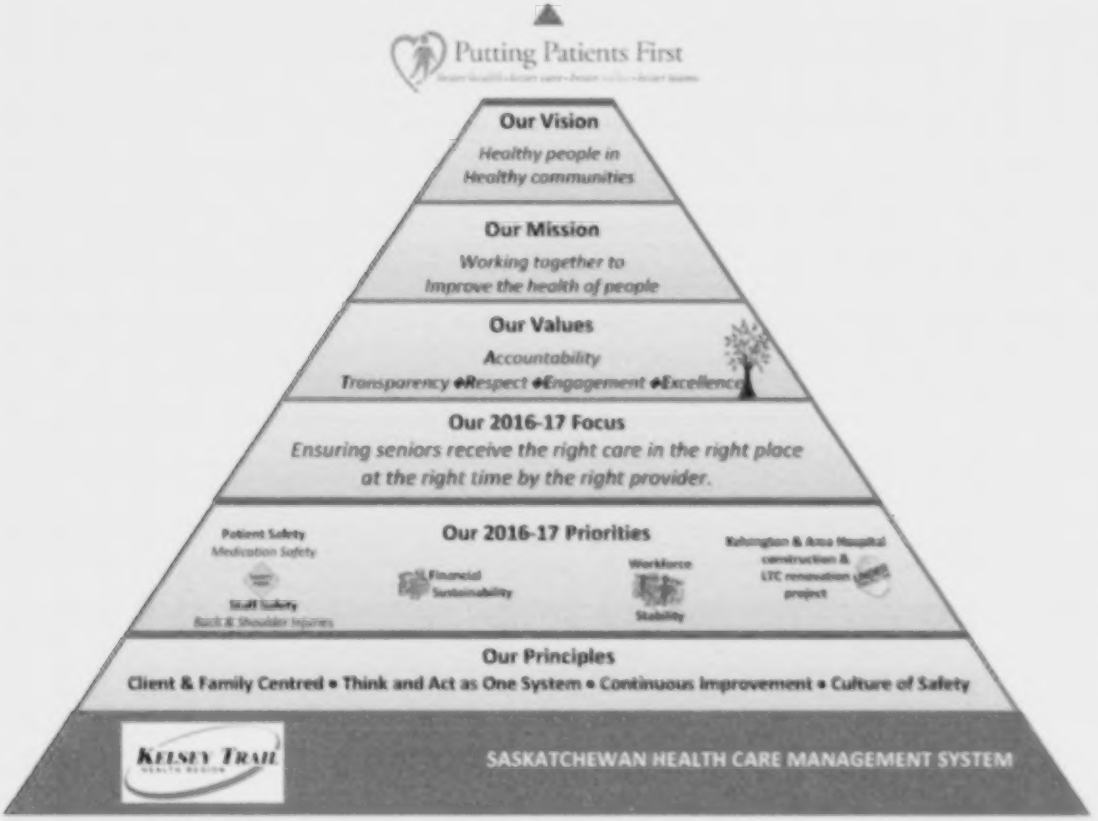
KTRHA's Vision, Mission and Values reflect the overall direction of the health system. The RHA's values are aligned with the provincial values of Accountability, Transparency, Respect, Excellence and Engagement.

The *2016-17 Health System Plan* represents a collaborative approach to determine and achieve strategic priorities. The regional visibility wall, monthly wall walks and daily cross-functional huddles assist in measuring, reporting and identifying barriers to achieving regional goals and targets. Corrective action plans are developed to address risk and issues that may impact success. Visibility walls and weekly huddles at the facility and departmental level include metrics that are meaningful to frontline staff and support both regional and provincial targets and goals. Provincial priorities focus on the 100 Year Strategies of Better Health, Better Care, Better Teams and Better Value which are based on the Institute for Healthcare Improvement's

(IHI) Triple Aim. The 2016-17 health system priorities also support targets identified in The Saskatchewan Plan for Growth – Vision 2020 and Beyond.

The 2016-17 health system strategic priority is to improve access for patients and reduce emergency room waits by making necessary improvements in key areas including primary health care, specialist consults, diagnostics, mental health and addictions, long term care, home care and acute care.

The health system strategy influences and guides the strategic priorities of the health region and impacts achievement of the Saskatchewan Health System Multi-Year Strategic Plan (2016-2020). Ensuring seniors receive the right care in the right place at the right time by the right provider is KTHR's 2016-17 strategic priority. Other priority work included patient (medication safety) and staff (back and shoulder injuries) safety, financial sustainability, the Kelvington capital project and workforce stability.



The *KTRHA 2016-17 Accountability Document* issued annually by the Ministry of Health provides strategic direction and expectations, and details the assumptions used to develop the RHA's annual budget. It complements existing legislation, regulations, contracts, ministerial

directives and policies, and establishes expectations based on targets set in the *2016-17 Health System Plan*. Regional strategic planning is influenced and impacted by financial, operational, capital and human resources.

A commitment to a culture of safety, patient and family-centred care, continuous improvement and thinking and acting as one are the foundations upon which the entire Saskatchewan Health Care Management System is based. Supporting provincial documents such as the Patient First Review Update: The journey so far and the path forward, the Planning Tool for Physician Resources in Saskatchewan , the Saskatchewan Surgical Initiative (SKSI) Plan, the Primary Health Care Framework, HIV and AIDS in Saskatchewan 2014, the Saskatchewan Mental Health and Addictions Action Plan well as the standards set by Accreditation Canada, the Canadian Standards Association (CSA) and *SaferHealthcareNow!* (SHN) also shape strategic priorities.

Total Population	Seniors (65 & older)	Aboriginal Population
42,343	20.12%	10%

Overview

The RHA is responsible for providing safe, quality, timely, effective and efficient primary and secondary health care services to the population of the region. Services are available and accessible to residents as reasonably close to home as possible. At 44,369.62 square kilometres, the region has a large geographic footprint which includes 58 rural and urban municipalities, five First Nation communities and the Northern Village of Cumberland House. The region has a population density of 0.96 persons per square kilometre.

According to 2016 Covered Population statistics, the total population of the region has increased slightly over the previous year. Only residents registered for provincial health coverage are included in the Covered Population, which may not include everyone who is a resident of the province as of June 30th.

Visiting Specialist Services

Ear/Nose/Throat
Obstetrics/Gynecology
Ophthalmology
Orthopedics
Plastic Surgery
Podiatry ♦ Psychiatry
Urology
General Surgery
Respiratory Medicine
Exercise Stress Testing

Approximately 35 physicians and 1,700 staff provide a broad range of community and facility-based services and programs. Physician resources include a Chief of Staff/Vice-President of Medical Services, a Medical Health Officer, a resident General Surgeon, a visiting Radiologist, General Practitioner/Anaesthetists, and General Practitioner/Obstetricians. Accessible itinerant services are provided by a number of visiting physician specialists. Associate privileges are also granted to dental and chiropractic service providers.

Kelsey Trail Health Region (KTHR) provides Acute, Long Term Care and Home Care services from several facilities within the region. The region operates four Dementia units within existing long term care facilities. In some cases, KTHR partners with other agencies to deliver services to First Nation communities in the region. Community Health Services, which include Public Health, Therapies, Mental Health & Addictions Services and Environmental Health are delivered on site or through visiting services.

Pre-hospital emergency care is available through a combination of RHA-owned and contracted emergency medical services. Trained volunteer First Responders and Ancillary First Responder

groups provide emergency services to a large number of communities and areas in the health region.

District Hospitals
Melfort ♦ Nipawin ♦ Tisdale
Community Hospitals
Hudson Bay ♦ Kelvington ♦ Porcupine Plain
Health Centres
Carrot River ♦ Cumberland House ♦ Rose Valley ♦ Smeaton
Long Term Care Facilities
Arborfield ♦ Carrot River ♦ Hudson Bay ♦ Kelvington ♦ Melfort Nipawin ♦ Porcupine Plain ♦ St. Brieux ♦ Tisdale

Primary Health Care Sites
Arborfield/Carrot River
Cumberland House
Hudson Bay ♦ Kelvington
Naicam ♦ Nipawin
Porcupine Plain ♦ Tisdale

Primary Health Care (PHC) services are delivered by healthcare professionals in a collaborative, team approach focused on community development and population health promotion.

The region has a well-established Saskatchewan Telehealth video conferencing program which provides a link for rural and urban health care professionals to schedule specialist appointments, consults, clinical visits and follow-up appointments for patients and clients. It is also used for educational sessions for health care professionals and members of the public. Webex, a desktop videoconferencing solution, was successfully integrated with the provincial Telehealth Network this year, allowing healthcare professionals to join educational and administrative sessions from their office computer or mobile device.

Volunteer services are coordinated through the Human Resources (HR) department. Volunteers provide countless hours of service to the region every fiscal year.

More detailed information about the services provided by Kelsey Trail Health Region can be found on the region's website at www.kelseytrailhealth.ca.

Community-Based Organizations

The region acts as the accountable partner in contractual relationships with independent Community-Based Organizations (CBOs) and third parties for the delivery of health care services. CBOs receive funding from KTHR to provide health services. KTHR is responsible for financial monitoring, ensuring adequate resources are being provided, and accountability

among CBOs. KTHR has a contractual relationship with the Nipawin Oasis Community Centre Cooperative for the provision of services for clients with long term mental illness in the Nipawin area. The region also has contractual relationships with emergency medical/ambulance services operating in Kelvington, Tisdale, Rose Valley, Nipawin and Melfort.

Partnerships

Kelsey Trail has a number of mutually beneficial partnerships that provide strong connections to community, enhance resource-sharing opportunities and have long term impact on meeting the needs of the population. In addition to the Ministry of Health, Health Shared Services Saskatchewan (3sHealth), Saskatchewan Association of Healthcare Organizations (SAHO), the Saskatchewan Medical Association (SMA), and the Physician Recruitment Agency of Saskatchewan (PRAS), Saskatchewan Union of Nurses (SUN), the Health Sciences Association of Saskatchewan (HSAS), the Saskatchewan Government & General Employees Union (SGEU), Health Quality Council (HQC), Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2 and Lakeland District Sport Culture & Recreation, KTHR is also involved with the following partnerships:

Prince Albert Parkland Health Region (PAPHR) provides mental health inpatient services, 24-hour emergency mental health referrals and consultations, specialty mental health services such as psychiatry, eating disorders and psychologist supervision; orthopaedic surgical services at Nipawin Hospital; and biomedical engineering technology services to the region. KTHR has partnered with PAPHR and the Sunrise Health Region on the F.A.S.T. Stroke Bypass Protocol in the past. KTHR provides Information Technology support to the Athabasca Health Authority (AHA) and partners with Saskatoon Health Region (SHR) in the provision of pathology services as well as privacy support and services by the SHR Privacy & Access Office.

The *KidsFirst* targeted program in Nipawin and non-targeted regional program works in collaboration with existing community programs to help vulnerable families, enhance knowledge, provide support and build on family strengths. The Nipawin Community Mobilization Unit – Nipawin Hub is a multi-agency collaboration with the North East School Division, Ministry of Social Services, Ministry of Justice, Nechapanuk Child and Family Services, Town of Nipawin, Northeast Regional Intersectoral Committee, KTHR and the RCMP focused on reducing crime and victimization and supporting a safer, healthier community. The Community Mobilization – Nipawin Hub approach is modeled after the Prince Albert Community Mobilization Program and is supported by the Government of Saskatchewan's Building Partnerships to Reduce Crime initiative (BPRC).

The Saskatchewan Cancer Agency (SCA) offers the Screening Program for Colorectal Cancer in KTHR. The SCA also has a unique partnership with the region as a sitting member of the KTHR PHC Population Health team.

Cumberland College, Saskatchewan Polytechnique and the University of Saskatchewan partner with KTHR to provide practicum opportunities for post-secondary students in health-related fields. One Continuing Care Aide (CCA) program was offered in partnership with Cumberland College in 2016-17.

KTHR regularly partners with municipal bodies, Foundations and Trusts to address program and service needs. For several years, the region has worked with the Nipawin physicians and Town of Nipawin to amalgamate all physicians in one clinic. This goal was achieved in February 2017 with the construction and opening of a new medical clinic built adjacent to the Nipawin Hospital. The Nipawin Region Health Foundation offered to contribute furnishings to the clinic. In Melfort, KTHR has partnered with the City of Melfort, the Melfort physicians and Avatex DevCorp Inc. on a project that will see the construction of a new wellness centre, to include a physician clinic, linked to the Melfort Hospital. The health region has also partnered with Foundations and Trusts from Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain and Tisdale, as well as the Town of Carrot River, on the regional upgrade of the existing Computed Radiography (CR) rooms to Direct Radiography (DR) technology in all digital imaging sites within the region.

In collaboration with North East Emergency Medical Services (NE EMS) in Nipawin, KTHR introduced 24/7 paramedic and ambulance services to the residents of Cumberland House.

Administrative Structure

The Chief Executive Officer (CEO) works with an Executive Management Team that includes four Vice-Presidents. The Executive Assistant to the CEO and Corporate Communications Officer serve as resources to the Executive Management Team.

The CEO reports directly to the Regional Health Authority (RHA) regarding the daily operations of the health region. The Executive Management Team is responsible for effective planning, integration and delivery of facility-based and community-based programs and services and reports directly to the CEO. The Executive Management Team is also responsible for the overall operation of the health region. Communication with the Management Network (regional directors, facility administrators, program and nursing managers) occurs through a combination of teleconferences and face-to-face meetings.

During the 2016-17 fiscal year, there was some restructuring within the Integrated Health Services portfolio. Following the retirement of the Director Lab Services, the Director Diagnostic Imaging/Emergency Medical Services (EMS) also assumed the Lab Services portfolio. In addition, the Kaizen Promotion Office (KPO), under the Health, Safety and Culture portfolio, was renamed Quality Improvement and Patient Safety.

Governance

The KTRHA is responsible for the planning, organization, delivery and evaluation of the health services it is directed to provide by the Ministry of Health. The RHA functions primarily as a "committee of the whole". The RHA has four committees: Quality and Communications, Finance, Audit and Risk Management, Practitioner Liaison, and Governance and Human Resources.

Members of the Kelsey Trail Regional Health Authority board include (L-R): Gordon Cresswell, Nancy Steinbachs, Clarence Hendrickson (vice-chair), Rennie Harper (chair), Richard Radom, Tracy Slobodian, Dennis Koch, Kathleen Bedard and Robert Mardell.

The Authority utilizes a broad range of informal consultations to gather information on community issues, needs and priorities related to healthcare. The RHA and Executive take

advantage of opportunities to meet with representatives of municipal councils and First Nations chiefs and councils as well as other stakeholders and partners.

The RHA utilizes a variety of formats to communicate with and engage the public. The RHA chairperson, CEO and other designated representatives are involved in meetings with municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public.

Employee Demographics

The KTHR workforce includes 1,721 total employees representing 1073.56 full-time equivalents (FTEs). Of those, 24% are casual. In total, almost 41% of the regional workforce is 50 years or older. The regional workforce is comprised of approximately 91% females. In total, 82 KTHR employees, or 4.8%, have self- identified as being Aboriginal. A significant percentage of KTHR employees are long term. Fifty-seven employees retired in 2016-17.

Recruitment and retention are ongoing challenges that require continual effort to be addressed. The region experiences challenges in recruiting and retaining Registered Nurses, Nurse Practitioners, Continuing Care Aides (CCAs), Therapists (occupational and physiotherapy) and Medical Laboratory Technicians (MLTs). KTHR has partnered with Cumberland College to address recruitment and retention challenges by offering the Continuing Care Aide (CCA) and Institutional Cooking courses for conditionally hired employees.

Following a year of relative stability, KTHR physician resources suffered a net loss during 2016-17. The health region gained two new physicians while losing six to relocation or retirement. Recruitment and retention of General Practitioner/Obstetricians and General Practitioner/Anaesthetists continues to remain a high priority that can impact the region's ability to provide services.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

Populations lacking or having difficulty accessing one or more of the determinants of health may be subject to disparities in health. Within KTHR, many people face challenges in accessing the resources that help achieve physical, mental and social well-being and directly impact overall health.

Adequate housing and food security are key determinants of health and the overall well-being of the population. The Northeast Housing Research Project revealed a shortage of affordable rental stock and waiting lists in Melfort, Nipawin and Tisdale.

Food security issues impact health and wellbeing, resulting in higher rates of healthcare utilization and costs. According to The Cost of Healthy Eating in Saskatchewan 2015, a report by the Saskatchewan Food Costing Task Group, many factors influence individual ability to make healthy food choices.

KTHR Primary Health Care Provider Teams conducted Community Wellness Assessments in 2015 and will survey again in the spring of 2017. The top ten community-level health and wellness concerns identified in the cumulative regional survey in 2015 were mental health, cancer, drug/substance abuse, adult overweight/obesity, inactivity, alcohol use, diabetes, access to health foods, tobacco products/use and living with a chronic condition.

Determinants of Health

- *Income*
- *Social Support*
- *Education and Literacy*
- *Employment and Working Conditions*
- *Social Environments*
- *Physical Environments*
- *Personal Health Practices and Coping Skills*
- *Healthy Child Development*
- *Biology and Genetic Endowment*
- *Health Services*
- *Gender and Culture*

Health Canada

According to data from the Ministry of Health, Epidemiology and Research Unit, Population Health Branch, the presence of chronic conditions such as diabetes and hypertension increase the risk for developing another chronic condition by about three times. The risk of chronic disease is also influenced by other factors such as smoking, obesity and physical inactivity. Many of the health concerns identified in KTHR are linked to the high rates of co-morbidity among chronic conditions in KTHR as well as higher rates of other contributing risk factors.

As compared to the provincial averages, KTHR residents have high rates of cancer incidence; cancer prevalence; incidence of hypertension; hospitalization for acute myocardial infarction (AMI); prevalence of diabetes; incidence of diabetes; self-injury hospitalization and suicide, and self-reported rates of being overweight or obese. Information and data on the health status of the residents of Kelsey Trail Health Region is available from the Statistics Canada Health Profile, the Canadian Institute of Health Information (CIHI) Your Health System report and through the Health Quality Council's Quality Insight. The provincial Health Status Report provides analysis of data and trends, describes the health of the population, and highlights issues related to the health of the population.

Progress in 2016-17

Focusing on the 100 year strategies of better health, better care, better values and better teams, these areas of emphasis translate the region's vision, goals and priorities into a comprehensive set of performance measures and targets which provide a framework for achieving organizational improvement strategies directed at meeting the provincial three to five year outcomes as outlined in the *2016-17 Health System Plan*. The regional priorities also reflect commitments made in *Saskatchewan's Plan for Growth*, the *KTRHA 2016-17 Accountability Document*, to Accreditation Canada and the Minister's letter to the KTRHA Board Chairperson.

Provincial Hoshin:

To improve access for patients and reduce ED waits by 60%, necessary improvements in key areas (primary health care, specialist consults, diagnostics, mental health and addictions, long term care, home care, and acute care) will be achieved by 2019.

2016-17 System Priority Target:

Reduce emergency department waits by 35% by March 31, 2017

Better Care

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome that by March 31, 2019, there will be a 60% reduction in emergency department wait times.

Reducing emergency department waits and improving patient flow remains a key priority. Hospital occupancy rates and overcapacity continue to be the primary driver of emergency department wait times. A provincial Emergency Department (ED) Waits & Patient Flow initiative is focused on addressing factors that result in patients waiting for care in emergency departments while improving experiences for patients as they move through the health care system. In cooperation with RHA's, the ED Waits & Patient Flow initiative team is working on several strategies directed at improving patient flow and the care experience, including:

- collecting data on Alternate Level of Care (ALC);
- developing and implementing a standard approach to interdisciplinary rounding;
- developing standardized processes for patient transfers between health facilities;
- utilizing health system modeling; and
- capturing the perspectives of Patient and Family Advisory Committees.

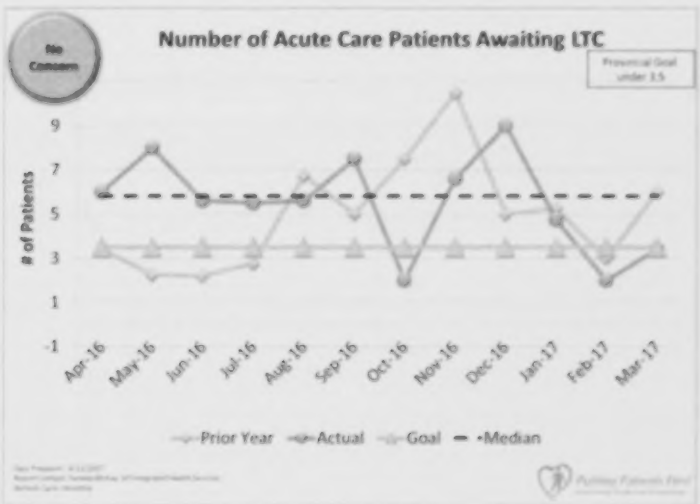
KTHR does not experience the ED wait time issues that impact tertiary acute care facilities. As a result, KTHR focused improvement efforts on addressing the regional factors that may contribute to tertiary ED waits such as the regional implementation of interdisciplinary team rounds and the number of acute care patients awaiting long term care.

Improvement Target
March 31, 2017, 100% of all Medical/Surgical Units will have interdisciplinary rounds (IDR) in place (tertiary and regional hospitals)

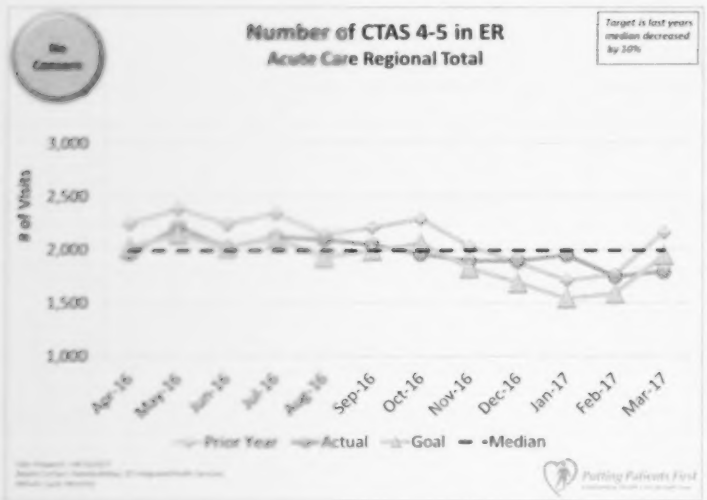
Although KTHR does not have a tertiary or regional hospital, the region has completed implementation of IDR in all six acute care sites. IDR was initially piloted in Nipawin and Hudson Bay with implementation in May and June of 2016. Melfort and Tisdale implementation occurred in September 2016 with the final two acute care sites, Kelvington and Porcupine Plain, implemented in November 2016. Interdisciplinary rounds are currently going well in five of the six acute sites. Work continues to focus on ensuring consistent physician participation on interdisciplinary teams.

KTHR Results

KTHR saw an overall increase of 11% in the number of acute care patients awaiting long term care between 2015-16 and 2016-17. The provincial target is to have no more than an average of 3.5% of people waiting for long term care placement in acute care beds each month during the fiscal year.



During the last quarter of the fiscal year, the region's monthly average started to move closer to meeting the goal. The single biggest impact on this metric was the reduction of 17 beds at Kelvindell Lodge that was initiated in September 2016. This temporary measure was put in place to facilitate the renovations to the long term care facility, which were completed in March 2017. The region's long term care bed capacity will return to normal in April 2017 which is expected to have a positive impact on meeting the provincial target on a go-forward basis.

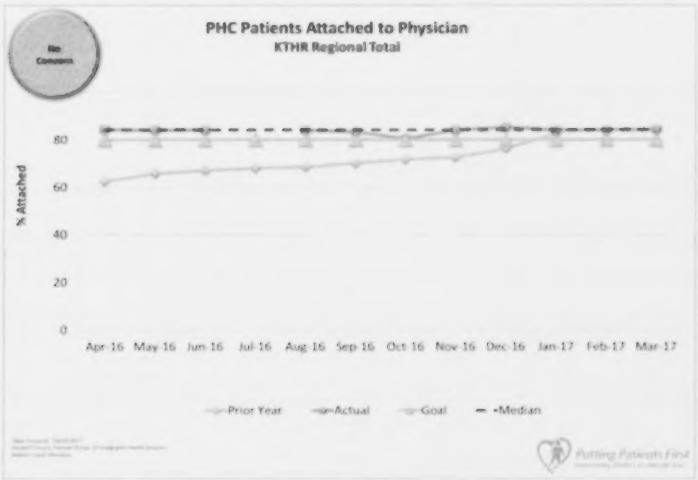


KTHR narrowly missed reaching the goal to achieve a 10% reduction in the number of CTAS 4 and 5's in the ED, recording a seven percent reduction from the previous year. This is a three percent improvement over 2015-16. There was a steady decline in the number of CTAS 4 and 5 in the ED, those considered to have less urgent or non-urgent conditions that should be seen in the clinic, over the course of the year.

Physician turnover has a direct impact on the number of CTAS 4 and 5's in the ED. In communities experiencing physician turnover, access becomes an issue. Patients whose family physician has left the community may visit the ER if they are unable to access a new family physician. In Tisdale, Nipawin and Kelvington physician turnover has created some barriers to access. More stable physician complements in Melfort, Hudson Bay and Porcupine Plain resulted in greater success in these communities.

- Community marketing campaigns focused on where to go for healthcare services has helped with public education about appropriate use of the ED.
- The Melfort Hospital on-call clinic provided access to patients without a family physician or whose family physician was away in that community until temporarily closing in January 2017 due to mounting workload pressures related to physician turnover.
- Ongoing work to re-direct CTAS 4 and 5 patients from the ED to same-day appointments has met with success and is also part of community marketing campaigns.
- Permanent paramedic and ambulance services were introduced to residents in Cumberland House on July 1, 2016 through the collaborative efforts of KTHR and North East Emergency Medical Services (EMS) of Nipawin. Residents of the Northern Village of Cumberland House and Cumberland House Cree Nation now have access to appropriate urgent and emergent care 24/7 while continuing to access scheduled appointments with Nurse Practitioners (NP's) or physicians at the Cumberland House Health Centre.

KTHR exceeded the goal to increase empanelment, the act of assigning patients to an individual primary care provider or team, to 75% by March 31, 2017, reaching an overall average of 83.9% during the fiscal year. This was a 16.85% increase in empanelment from the previous year.



In communities with physician turnover, empanelment has been a greater challenge. Locum physicians provide access to healthcare services but do not address empanelment. The region continues to work on recruitment in communities that have experienced physician turnover as the result of resignations, relocations and maternity leaves.

- The region has successfully recruited to fill a July 2016 physician vacancy in Melfort however the new physician will not take over the practise until July 2017.
- In Tisdale, locums were contracted to fill a July 2016 physician vacancy for one year. The region secured a candidate for the January 2017 iteration of the SIPPA program who is expected to fill the vacancy on a permanent basis beginning in the spring of 2017.
- The region continues to recruit to fill two vacancies in Nipawin. A physician has filled one of the positions on a short-term contract basis but has not made a long term commitment. Regional locums have also filled in at various times during the year.
- The relocation of a physician from Porcupine Plain to Kelvington has resulted in renewed recruitment for a second physician in Porcupine Plain. In Kelvington, recruitment efforts focused on filling a March 2017 physician vacancy were expected to be addressed through a candidate enrolled in the January 2017 iteration of SIPPA.

Marketing campaigns addressing the benefits of empanelment and impact on continuity of care encourage connection to a primary provider as well as access to a provider team to meet all healthcare needs. Work on the integration of Mental Health with Primary Health that began with the introduction of a Primary Health Care Counsellor in Kelvington has expanded to include Hudson Bay.

Improvement Target

By March 31, 2017, Alternate Level of Care data will be captured in 100% of hospital adult units across Saskatchewan.

The Emergency Department (ED) Waits & Patient Flow Initiative team implemented a standardized approach to Alternate Level of Care (ALC) data collection and analysis with the April 2017 provincial roll out of a toolkit that included an expanded definition of ALC and new electronic ALC form. The new ALC form was initially trialed in Nipawin in conjunction with

bedside rounding and discharge improvement work. The ALC form was subsequently rolled out to all acute facilities to meet the 100% target for the collection of ALC data using the provincial standard.

The ALC form will be used to capture data about patients in hospital that no longer require the intensity of acute care services. The province is collecting the data to help inform decisions regarding provincial allocation of resources and flow of patients with a goal to reduce emergency department wait times. The region is expected to be able to access provincial ALC dashboard data in April 2017. Acute care daily huddles also include daily monitoring and reporting the number of ALC patients in hospital.

Better Care

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome to reduce the wait time for an appropriate first consult appointment with a specialist by 50% in eight to 10 specialty groups by March 31, 2019.

Improvement Target
By March 31, 2017, the LINK Telephone Consult Service for non-urgent telephone consultations will expand to include two to three new specialities.

KTHR Results

KTHR physicians gained access to Adult Psychiatry specialist services through LINK (Leveraging Immediate Non-urgent Knowledge) in 2016-17. LINK is a provincial telephone consultation service that provides primary care physicians with timely access to specialists for non-urgent patient health concerns.

Better Care

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome to have 80% of clinicians in at least three selected clinical areas utilizing agreed upon best practices by March 31, 2018.

Improvement Target
By March 31, 2017, 80% of physicians ordering lumbar spine CT scan utilize/comply with the agreed upon best practices.

KTHR Results

Dr. Jennifer Begin, a family physician from Melfort, is a member of the provincial Clinical Development Team of clinical experts that has recommended a Lumbar Spin CT Checklist be completed and accompanies the requisition for each L-Spine CT that is ordered. The provincial Clinical Development Team was formed in the fall of 2015 after Saskatchewan health system leaders identified improving Appropriateness of Care (AC) as a key system priority.

The checklist will be trialed for three months in the Regina Qu'Appelle, Five Hills, Saskatoon and Prairie North health regions beginning in April 2017. The trial is expected to help provide important patient information, a better understanding of the reasons behind ordering a CT and whether there is correlation between the reasons the CT was ordered and the current guideline recommendations.

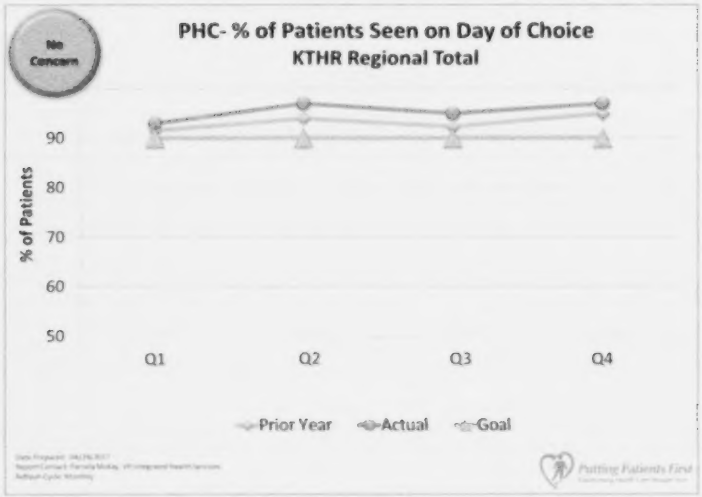
Better Health

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome to have people living with chronic conditions experience better health as indicated by a 10% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure, Asthma) by March 2017.

Improvement Target
By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology."

Regionally, KTHR met the 90% target consistently throughout the year, with 97% of patients able to schedule their appointment of the day of their choice. Patient wait times have been reduced for all providers to 7.5 days on average. Patient satisfaction surveys have been used to collect this data. Addressing clinician turnover and improving access remain a priority. The goal is to maintain this standard while working through other foundational actions throughout the region, such as empanelment.

Work continued to focus on gaining an understanding of physician demand, including the number of patients being deferred; redirecting Canadian Triage and Acuity Scale (CTAS) 4 and 5 patients from the ED to the clinic; increasing the number of Primary Health Care patients



connected to a physician or Nurse Practitioner (NP); making same-day appointment options available for patients; and integrating Mental Health and Primary Health Care.

The February 2017 opening of the new physician clinic next to the Nipawin Hospital has helped advance PHC access within that community.

In Cumberland House, Value Stream Mapping (VSM) revealed several opportunities to improve access and a number of actions were taken, including:

- The introduction of same-day appointments in the clinic;
- Offering scheduled appointments each morning to clients that need to be seen urgently;
- Renovations were undertaken at the health centre in order to relocate the medication room to improve flow to clinic rooms, reduce disruptions and increase privacy and confidentiality;
- The relocation of Mental Health and Addiction services to the health centre so all health care services are under one roof;
- Creation of a schedule for lab appointments within the Electronic Medical Record (EMR) and changes to the patient wait area for lab services to improve flow and confidentiality; and
- The introduction of 24/7 paramedic and ambulance services in Cumberland House in July 2016.

A medical clinic video conferencing project has also been introduced at the Cumberland House Health Centre. Through the coordinated efforts of the KTHR Regional Telehealth Coordinator and eHealth Saskatchewan, a videoconferencing unit located in one of the exam rooms at the CHHC will allow physicians to conference with a patient or staff at the health centre on days they are not visiting Cumberland House or unable to travel due to poor weather or road conditions.

Work on a partnership KTHR entered with HealthLine 811, the Ministry of Health and community representatives to pilot an outbound call program to support individuals diagnosed

with Chronic Obstructive Pulmonary Disease (COPD) continues. The goal of the project is to prevent or reduce exacerbation and complications related to COPD using best practices in prevention, partnering with medSASK in the area of medication consultation. The pilot supports readmission management and chronic disease management initiatives and will determine gaps in service for COPD clients, identify solutions to address the gaps and the ability to implement and sustain the solutions. KTHR has identified a lack of continued support for clients diagnosed with COPD post-ER and inpatient discharged after completing pulmonary rehabilitation. Barriers to accessing the service, access to supports such as medication consults and lack of referrals to pulmonary rehabilitation have impacted clients living with COPD.

Through the Saskatchewan Telehealth network, KTHR recorded the highest number of kilometres saved by patients in the province during the month of October 2016 with 51,644 kilometres saved through patients accessing clinical appointments through Telehealth. KTHR patients had 212 clinical appointments through Telehealth during the month of October.

Improvement Target
By March 31, 2017, 45% of patients with four common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Heart Failure) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMR) and the Electronic Health Record viewer.

KTHR Results:

Best practice guidelines for four of the six common chronic conditions are now available in KTHR. Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure ((CHF) were introduced in KTHR this year through the Electronic Medical Record (EMR) Chronic Disease Management Quality Improvement Program (CDM QIP) templates. Similar templates for Diabetes and Coronary Artery Disease (CAD) were available to all KTHR health providers in previous years. KTHR increase CDMQIP participation among Physicians and NP's at Primary Health Care sites by 9.5% in between 2015-16 and 2016-17, narrowing missing the provincial target of 10%.

- The Coronary Heart Failure best practise pilot was expected to proceed this year with the creation of a Heart Failure shared medical visit group with Dr. Eben Strydom of Melfort. Unfortunately, there were not enough patients with Heart Failure identified that could be part of the group. Monitoring of KTHR hospital utilization reports has been implemented to assist with the identification of potential patients that could participate in the group.
- FASTVAN (Face, Arm, Speech, Time, Vision, Aphasia and Neglect), the new provincial stroke protocol, was piloted in KTHR from October through December 2016. EMS staff and Acute Care, Home Care and Long Term care Registered Nurse's (RN's) and Licensed

Practical Nurses (LPN's) all received education on the new assessment and process to follow for the transfer of patients, clients and residents. System-wide implementation of the new Saskatchewan Acute Stroke Pathway was implemented in January 2017. The pathway establishes consistent protocols for rapid, coordinated, high quality care of stroke patients across the province and ensures best practice care is available from ambulance to emergency room to hospital admission.

- Nephrologists started visiting the Tisdale Hospital satellite dialysis unit on a monthly basis in 2016-17, replacing the Telehealth sessions clients attended during the winter months. One nephrologist has expressed interest in starting a Chronic Kidney Disease specialist clinic for clients within the region in place of having clients travel to Saskatoon for specialist appointments.

A quality improvement review in chronic disease took place in KTHR between October 2016 and January 2017. Several action items were identified and work has begun on:

- A redefined referral process with standard work in the chronic disease referral process for both chronic disease and reception staff;
- Redefining the scope of departments and healthcare service providers to better reflect their role in chronic disease education;
- Standardized chronic disease education;
- Adding an arthritis target to include annual client education;
- Developing a plan for addressing obesity within chronic disease;
- Connecting with key nursing groups to increase baseline knowledge of chronic disease and the resources available;
- Drafting a Chronic Disease Management brochure; and
- Creation of a regional Chronic Disease Management calendar.

A physician has also begun making regular visits to Red Earth First Nation to assist with chronic disease management.

In addition to the clinical system improvements, KTHR is also involved in grassroots work designed to promote healthy community environments to help support and manage chronic conditions. Primary Health Care (PHC) Provider Teams collect data through Community Wellness Assessments and create action plans based on what is identified by the community. Actions taken by PHC Provider Teams at the community level include:

- Tri-Unity Challenge – an annual three, 10 and 21 kilometre run/walk to help promote activity in the communities of Carrot River, Arborfield and Zenon Park as well as participants from outside communities;
- Kelvington health fair and aging well symposium
- Nipawin "Get Up, Get Out, Get Active!" sub-committee, "Move More...Increase Childhood Activity " - works with schools, outreach, *KidsFirst*, summer play program and community to promote physical activity in children
- Porcupine Plain walking trails and community birthday party
- Healthy cooking classes in Nipawin and Carrot River
- Tisdale Suicide Awareness Committee, two women's wellness events and one men's wellness event
- "Mocktails for Christmas" to promote alternatives to drinking

Better Health

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome that by March 31, 2020, seniors can access supports to remain at home allowing them to progress into other care options as needs change.

- Demand for home care services in KTHR continues to be directly correlated to the increased medical and psychosocial complexity of clients. In KTHR in 2016-17, almost ten percent of the population was 75 years and older. Of those, almost 47% were receiving home care services. The most significant proportion of clients receiving home care services, at almost 29%, were those 85 to 105 years of age.
- Home Care client numbers have increased by 9.6% in Kelsey Trail over the past five years. Between 2011-12 and 2016-17, there has been a 70% increase in the home care services per client ratio per population age 75 years and older.
- Over the years, Acute Care home care services have been increasing to facilitate early hospital discharges and prevent hospital admissions, increase community-based palliative care services to allow clients to die at home with dignity, increase support to reduce admission to long-term care and provide respite to the client's supporters, and increase Home Care and rehab supports post-surgery in support of reducing wait times for surgery.
- At 62.1, KTHR has the highest average home care services per client ratio in the province, excluding the northern health regions, which allows many clients to remain independent and healthy within their community. This is significantly higher than the provincial average of 41.4, according to the Ministry of Health Community Care Branch's 2015-2016 Community Program Profile. At 98.5, the region's rate of supportive care services per client is the highest in the province and almost 38% higher than the provincial rate of 67.1. The region's rate of palliative care services per client (30.8) is lower than the provincial average ratio of 41.6 and the rate of acute care services per client (23.9) is almost twice as high as the provincial ratio of 12.9.

- According to Resource Utilization Groupings (RUGS), the majority of KTHR Home Care clients are categorized as reduced physical function with the number of those categorized as clinically complex and impaired cognition close behind. RUGS categories reflect resident's level of functioning, care needs and intensity of resource use and are used to determine the resources required in order for them to remain in their home.
- KTHR continues to have the least amount of Personal Care Home (PCH) beds in the province for the population aged 75+ at 6.1 beds per 1,000 people. This is almost nine times less than the provincial average of 52.5 beds per 1,000 people. Within the region, there are only two licensed personal care homes with the capacity to care for a total of 25 clients. This impacts home care utilization for clients that cannot be admitted into long term care. Staff continue to be challenged with increased incidents of behavioural problems, aggression, wound care, palliative care and planning for demanding care.

Improvement Target

By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase to 80%.

The MAPLe, a decision support tool Home Care uses to prioritize clients needing community or facility-based services, assigns a priority level to each home care client based on the Resident Assessment Instrument (RAI)-Home Care (HC) assessment. The level is determined by a number of criteria including falls, Activities of Daily Living (ADLs), the Cognitive Performance Scale, and behaviour. Clients' assigned very high priority are at higher risk of adverse health outcomes which supports increased Home Care services and/or priority for placement if a client cannot be managed at home. MAPLe scores are a powerful predictor of the need for admission to long term care and may indicate caregiver stress.

KTHR consistently met or exceeded the goal to have the number of clients with a MAPLe score of three to five increase to 80%. For the 12 month period ending March 31, 2016, 770 KTHR home care clients had Minimum Data Set (MDS) assessments completed. Of those 629 (82%) were considered Level 3-5 (medium to high priority) according to the MAPLe tool evaluation. KTHR set a target to

see a one percent increase in the number of clients with a MAPLe score of 3 to 5 living in the community supported by Home Care.

Implementation of the RAI-HC, a comprehensive assessment tool designed to assist with better determination of need and prioritization, has contributed to KTHR's success in achieving the target. The ongoing education of nurse assessors who have become increasingly familiar with other community resources and are able to refer appropriately to those supports has also been of benefit.

Educational investments in Case Managers and Client Case Managers have included:

- Assessment and care planning specific to the RAI-HC;
- Circulation of monthly knowledge assessment questions about RAI-HC by the MDS Coordinator;
- Power of Attorney (POA) education by Social Workers; and
- Dementia and management, including appropriate medications, delivered by Pharmacists.

These investments help clients to remain at home and assist families in managing their care. Case Managers and Client Case Managers also have the authority to identify caregiver relief and request respite, authorize attendance at day programs; and authorize equipment loans from the Saskatchewan Abilities' Council.

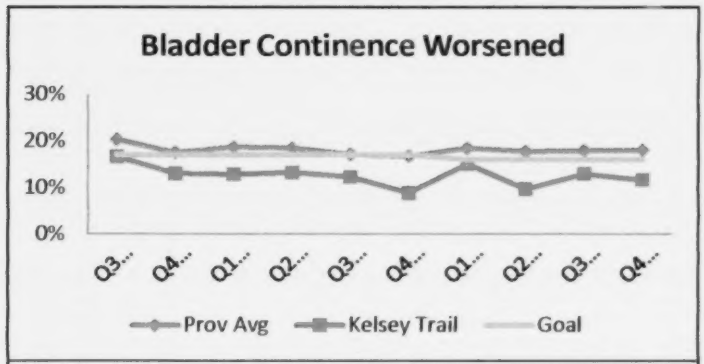
Through education, CCA's have also become increasingly skillful with the technologies required to provide complex care, manage difficult behaviours, and perform specific, delegated nursing tasks such as assistance with medications. Managers have focused more time and effort on being on the gemba and participating in daily huddles which increases awareness of work processes and barriers. This has assisted with prioritization and problem-solving on a daily basis and increased leadership.

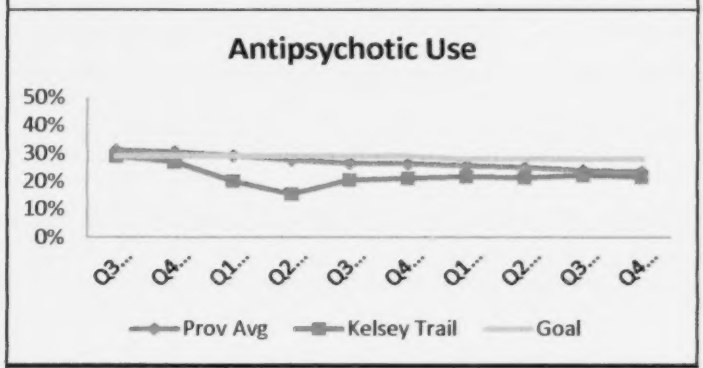
Improvement Target
By March 31, 2017, 100% of Saskatchewan long term care facilities meet the benchmark targets established for the seven quality indicators.

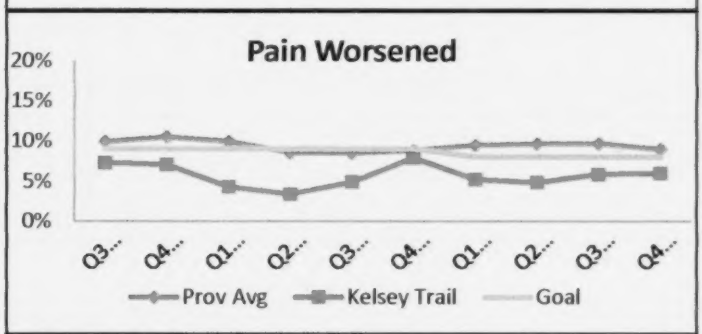
All nine of KTHR's long term care facilities are tracking the seven quality indicators, which include:

- Residents whose bladder continence worsened
- Residents on anti-psychotics without a diagnosis of psychosis
- Residents whose pain worsened
- Residents whose stage 2 to 4 pressure ulcer worsened
- Residents with a newly occurring stage 2 to 4 pressure ulcer

- Residents in daily physical restraints
- Residents who fell in the last 30 days







Date Prepared: 05/01/2017
Report Contact: Deb Atkings, KTHR MDS Coordinator
Refresh Cycle: Quarterly

KTHR has consistently met the benchmark targets for most of the quality indicators with the exception of those involving pressure ulcers. The region did not meet the target for residents whose stage 2 to 4 pressure ulcer worsened in the first or second quarter, achieved it in the third quarter but did not meet it in the fourth quarter. The region did not meet the target for residents with a newly occurring stage 2 to 4 pressure ulcer in the first or fourth quarter.

KTHR has made significant gains in reducing both the rate of residents on anti-psychotics without a diagnosis of psychosis and restraints. At the facility level, facilities that do not meet the benchmark targets are required to submit a corrective action plan to the Ministry of Health. KTHR has remained below the target and the provincial average for both of these quality indicators for the past two fiscal years.

Success with meeting benchmark targets for bladder continence includes ensuring correct coding of bowel elimination, the use of scheduled toileting plans, and validating reasons for changes in bladder continence patterns.

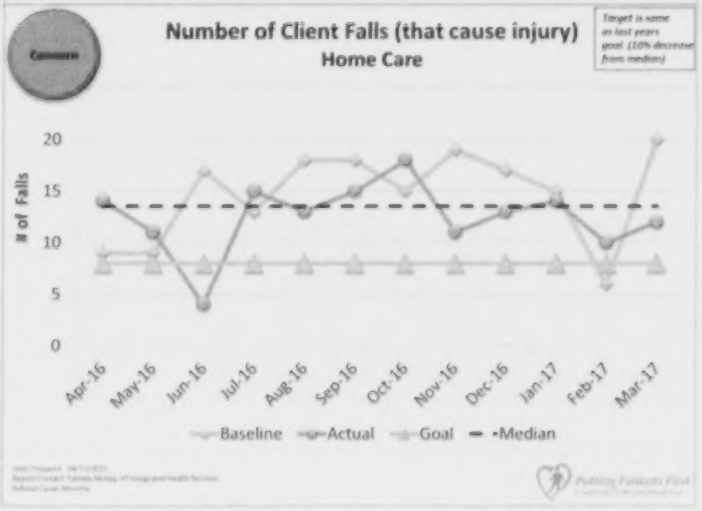
Measures that have contributed to successful reductions in antipsychotic use have included ongoing education on antipsychotic use and alternatives, regular quality improvement checks to catch and fix coding errors, and reviewing the list of residents on antipsychotics with physicians and pharmacists on a regular basis to ensure care plans are current.

KTHR has consistently been below the benchmark target and the provincial average for residents whose pain worsened. Success in meeting this target is attributed to further evaluation of residents experiencing pain to determine cause and develop interventions to increase comfort. Seven day resident assessment periods are used to code pain levels and develop plans of care. Pain is assessed through verbalization by residents as well as observation for signs of pain.

KTHR tracks the progress of the remaining four quality indicators on the regional visibility wall. The region has remained below both the target and the provincial average for this quality indicator.

KTHR has also achieved the regional goal to decrease resident falls causing injury by 10% from 2015-16. Overall, the region was able to decrease falls by almost 76%, recording an average of 4.6 which was significantly below the target of 19.

A fall is defined as an event that results in a person coming to rest inadvertently on the ground or other lower level, with or without injury. This definition also includes unwitnessed falls where an individual is able/unable to explain the events and there is evidence to support that a fall has occurred.



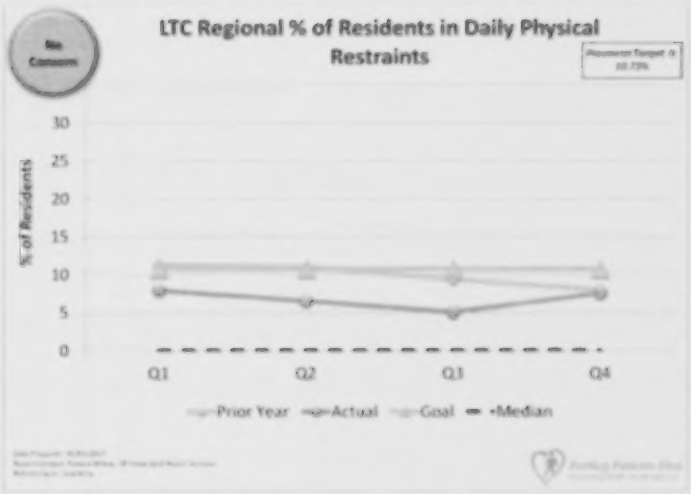
The KTHR Falls intervention strategy includes five components:

1. Prevention
   - SAFE (**S**afe environment, **A**ssist with mobility, **F**all risk reduction, and **E**ngage with patient and family)
2. Risk assessment upon admission, following a fall or any change in status, following any procedures requiring sedation/analgesic and on a weekly basis, if deemed high risk.
3. Communication and education with other professionals, client and family to include visual communication such as:
   - Yellow falling stars designating residents considered at high risk of falls placed on the door of the residents room and above bed their bed; and
   - Yellow sticker placed on resident chart and a fall ID band placed on the resident
4. Implementation of interventions that would prevent falls using the BEEEACH (Behavioural change, Education, Equipment, Environment, Activity, Clothing and footwear, and Health management) falls prevention model
5. Individualized Interventions to include modification of the environment and the provision of protective devices.

The *Safer Healthcare Now!* (SHN) Falls Prevention bundle has played a significant role in reducing the number of falls and injuries from falls for residents in all long-term care facilities in the region. The SHN bundle is focused on identifying possible risk factors and fall prevention programs that can reduce the majority of falls. Through a focus on prevention, the quality of life for patients, clients and residents improves and the cost to the health care system can be reduced. Falls reduction work is part of daily management and is featured on visibility walls across the region.

KTHR Therapies reviewed best practice for falls prevention and developed educational tools for Long Term Care, Acute Care and Home Care and delivered falls prevention information monthly at Regional Nursing Orientation. Refresher courses were also delivered to existing staff. The new Scott fall risk screening tool was introduced at Parkland Place in Melfort, replacing the previous fall risk assessment tool. Education on the new Scott tool will be completed early in the new fiscal year and will then be rolled out to the remaining long term care facilities in the region.

Home Care also tracks client falls that cause injury and set a target to achieve a ten percent decrease from the previous year's median. While able to decrease falls by 15%, the number of falls has largely remained above the goal. Home Care falls are somewhat difficult to manage as falls are recorded even if a client falls while out with family or while at home alone. Tracking helps to determine causative/relating factors to initiate intervention aim at prevention.



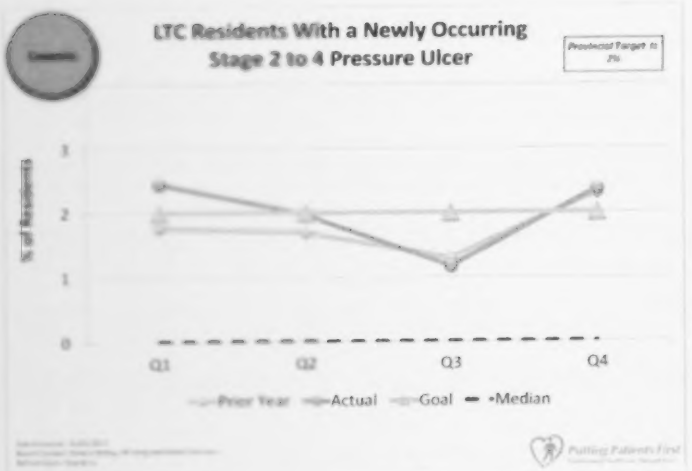
KTHR consistently met the provincial target for the percentage of residents in daily physical restraints, keeping the regional total below the provincial target 10.73% throughout the fiscal year. The region achieved a regional average of 6.75% for the fiscal year.

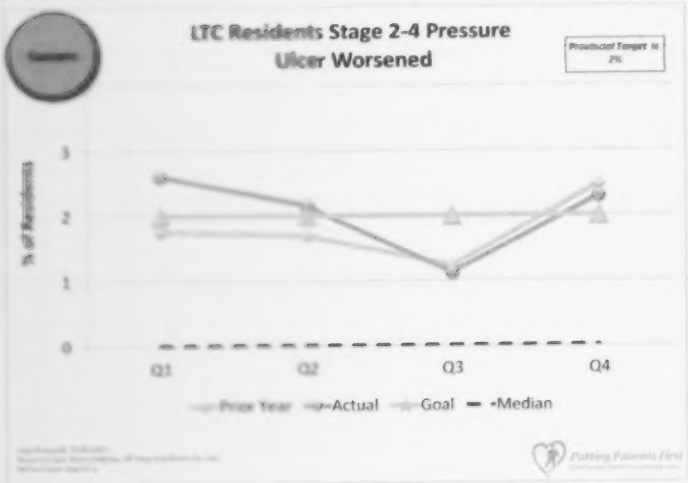
A restraint is defined as any manual method, or any physical or mechanical device, material or equipment attached or adjacent to a person's body that the person cannot remove easily and that restricts the persons' freedom of movement or normal access to his or her body. This includes the use of trunk restraint, limb restraint and chairs that prevent rising.

KTHR adheres to a least restraint policy at all long term care facilities. The region has focused on minimizing restraints through regular discussion during facility level wall walks, at huddles and staff meetings. Implementation of purposeful rounding in long term care facilities in the region has had a positive impact on reducing restraint use. Through purposeful rounding, staff regularly check on residents' needs using the 4 P's (positioning, personal needs, pain and proximity to personal items such as a call light).

Additional measures that have been used to reduce use of restraints include:

- Facility-level follow-up with families and physicians of residents that are currently in restraints to consider decreasing or eliminating their use;
- Working with the Minimum Data Set (MDS) Coordinator to provide healthcare providers with updated education on restraint coding; and
- Identifying potential underlying causes of resident aggression that could be dealt with without having to use restraints.





KTHR has struggled to meet the provincial targets for newly occurring and worsening stage 2 to 4 pressure ulcers. The provincial target for both indicators is 2%. KTHR averaged 1.98% for newly occurring pressure ulcers and averaged 2.04% for worsening ulcers.

A mistake proofing project at Pineview Lodge in Nipawin focused on the elimination of stage 2, 3 and 4 pressure ulcers. The majority of the pressure ulcers reported are being recognized upon admission through use of the Braden scale assessment tool, which is also used when there is a change in a resident's health status; before transfer to another facility; on surgical patients requiring an overnight stay in hospital; on a quarterly basis in long term care; and on admission to home care if the client has a mobility issue.

A care plan is implemented for individuals identified at risk of developing pressure ulcers or those who have a pressure ulcer. Care plan interventions are based on the stage of the ulcer and may include:

- Implementation of a turn schedule
- Maximizing remobilization through consultation with Occupational and Physical Therapy
- Managing moisture, nutrition, friction and shear (unaligned forces pushing one part of the body in one direction and another part of the body in the opposite direction)
- Use of pressure reduction support surfaces with beds and chairs

The mistake proofing project in Nipawin revealed some challenges to achieving the goal to have zero stage 2, 3 and 4 pressure ulcers. They included lack of initial wound treatment

documentation, poor communication at shift change, no root cause analysis or preventative steps taken upon discovery of red areas and a lack of education on early intervention.

Among the interventions successfully trialed through the mistake proofing project were:

- timely reporting of areas of redness on incident forms
- reorganization of wound care sheets in daily/weekly increments
- whiteboards in medication rooms
- the creation of standard work for reporting and pressure ulcer reporting work standard training for new hires
- informing Environmental and Laundry staff about best practice care for pressure reduction surfaces and wheelchairs
- physician use of the Situation-Background-Assessment-Recommendation (SBAR) tool, a clipboard system and bi-weekly visits
- the purchase of new pressure reduction mattresses
- priority response from Occupational Therapy (OT)
- posting a reminder key (purposeful rounding checklist) in resident rooms to include safety and comfort measures as well as pressure ulcer prevention customized to each resident's needs
- creation of a root cause analysis template

Families also play a critical role in the success of the pressure ulcer reduction program. The pressure ulcer brochure has been modified to raise awareness and understanding about the potential need to purchase pressure reduction surfaces which are also discussed with families upon admission. Nurses also provide alerts to families whenever the Braden scale assessment is below 18.

Increased awareness and dialogue among staff has resulted in an increase in reporting of red areas and stage 1 pressure ulcers which contributes to both prevention and earlier treatment. Better surveillance and reporting also contributes to an increase in the defect rate. Successful improvement work trialed during the Pineview Lodge mistake proofing project is being replicated across the health region.

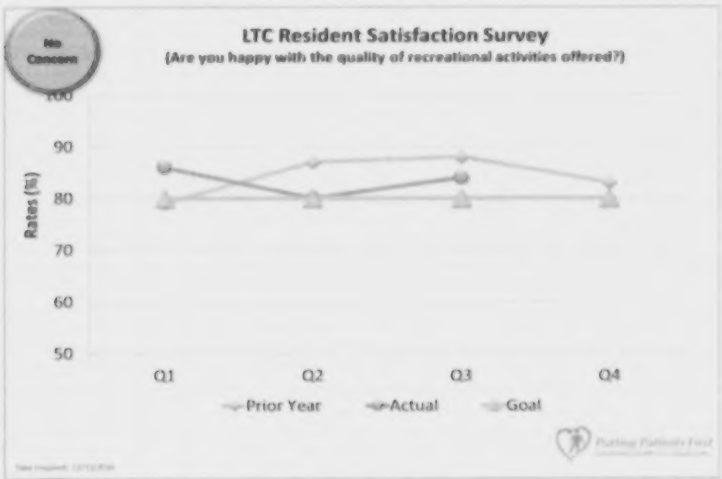
Improvement Target
By March 31, 2017, 100% of long term care staff have reviewed all modules of the *Program Guidelines for Special Care Homes*

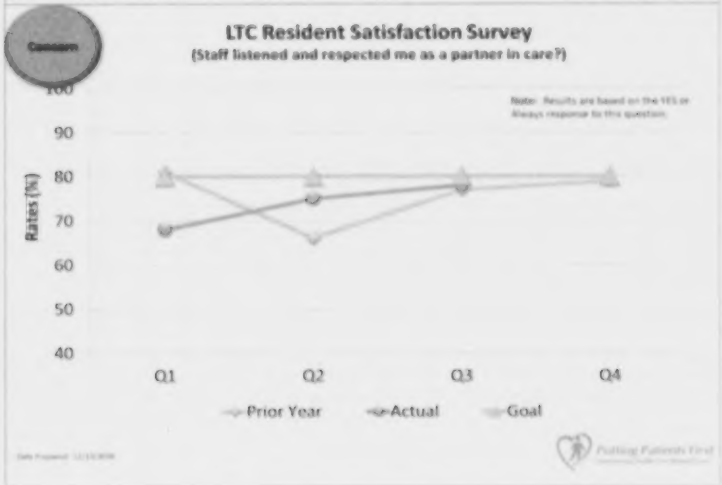
KTHR met the goal to have 100% of Long Term Care staff trained on all of the modules of the Program Guidelines for Special Care Homes. A work plan and milestone chart were developed

to track educational training for all Long Term Care Nursing and Recreation staff. Training was rolled out to all staff simultaneously with one module delivered each month. Training included viewing an educational DVD and reviewing the guidelines, which included: Incidents/Concerns, Food and Nutrition Services, Consents and Access to Service, Types of Care and Resident Charges, Resident Income Resources and Administration, Minimum Data Sets (MDS), Nursing/Personal Care Providers, Supportive Services and Lifestyle Options, Record Keeping and Physical Environment, Health and Safety of Residents and Staff, and Emergency Preparedness and Reporting Requirements. In an effort to bridge the gap among those who are conditionally hired in long term care, extra training was incorporated.

Improvement Target

By March 31, 2017, a baseline will be established for resident and family experience in long term care.





KTHR established a goal to achieve 80% satisfaction among long term care residents surveyed on two questions. The region surveyed residents during the first three quarters of the fiscal year before the launch of the provincial satisfaction survey in the fourth quarter.

KTHR survey results were at or above the regional target of 80% for the quality of recreational activities offered. Though response to the question about staff listening and respecting residents' as partners in their care was consistently below the target, it did improve every quarter and narrowly missed achieving 80% in the third quarter.

The provincial survey was distributed to residents and

families in all nine KTHR long term care facilities in the fourth quarter. In total, 143 residents and 109 families returned surveys. Survey questions related to five areas: experience, communication, care provision, food and mealtime experience, home environment and services, activities experience, and general experience. Survey results identified areas of strength and areas where improvement is needed and will be used to establish a baseline for comparison with future surveys.

Improvement Target

By March 31, 2017, 67% of long term care facilities will have implemented Purposeful Rounding.

At the end of the 2016-17 fiscal year, 77% of KTHR's long term care facilities had implemented Purposeful Rounding, exceeding the provincial target by ten percent. Purposeful rounding is the time, planned intervention of staff to address common elements of care through regular bedside rounds that proactively identify and address residents' fundamental care needs and psychological safety.

The region was well on its way to full implementation at the start of 2016-17 with implementation complete in Hudson Bay, Porcupine Plain and Tisdale. Implementation expanded to include long term care facilities in St. Brieux, Kelvington, Carrot River and Arborfield this year. Long term care facilities in Nipawin and Melfort have started the implementation process.

KTHR Hoshin/Project:
Ensuring seniors receive the right care in the right place at the right time by the right provider.

Hospital occupancy rates and overcapacity continue to be the primary driver of emergency department waits. High numbers of alternate level of care (ALC) patients and lack of community resources contribute to the root cause. The implementation of a standardized approach to ALC data collection and analysis through introduction of a provincial toolkit includes an expanded definition of ALC and a new electronic ALC form.

The scope of the regional breakthrough project was narrowed to concentrate on Melfort and specifically targeted achieving a 25% increase in long term care admissions from the community by March 31, 2017. The region achieved the goal, increasing long term care admissions from the community of Melfort by almost 38% from 2015-16 to 2016-17. In 2015-16, 24 admissions to long term care were directly from home while 118 were from hospital while in 2016-17, 33 admissions were directly from home and 123 were from hospital. Value stream mapping of the

discharge process to long term care from acute took place in July 2016 and revealed priority focus areas.

Did You Know?
It takes a child ONE YEAR to acquire independent movement and TEN YEARS to acquire independent mobility.
An elderly person can lose BOTH in ONE DAY!
SENIORS! ONE day of immobility or bed rest can result in:
Poor blood supply, slower rate of skin cell replacement
5% loss of muscle strength per day (joints tighten up)
Stiffer rib cages reduces lung function resulting in dizziness & confusion
Up to 50% increase in bladder incontinence within one day
3+ rehab days are needed for each day of immobility
Accelerated loss of bone strength (up to 50 times) begins within 10 days
Get Moving! Keep Moving!

Improvement work focused on development of a senior's mobility awareness marketing strategy and a home independence/restorative care program that will be trialed in Melfort in 2017-18. The implementation of disciplinary rounding and roll out of the new electronic ALC form at Melfort Hospital supported the improvement work required to meet the regional target.

The marketing campaign featured the development and distribution of a mobility poster featuring key facts about the impact one day of immobility may have on seniors. The mobility poster has been shared on social media, the KTHR website and on television screens in various facilities in the health region. Marketing also included updating the long term care section of the KTHR public website with new information for families and potential residents.

Admission criteria and program objectives were established for the home independence/restorative care trial. Two beds at Parkland Place in Melfort have been designated for the project which officially began accepting admissions April 1, 2017.

Clients that have recovered from the acute phase of illness and have been assessed as having both the potential and motivation to improve but have demonstrated a reduced level of functioning as the result of surgery, chronic disease, illness or injury will be referred to the program by Home Care. The goal of the program is to foster maximum self-care and functional ability to allow the individual to return to their home or proceed to a lesser level of care in the community. Clients referred to the program will be allowed a maximum length of stay up to 60 days. A tentative discharge date of approximately four weeks will be planned and the client will be re-evaluated on an ongoing basis. When the client has regained sufficient independence in physical functioning, the activities of daily living and/or cognitive functioning, they will be discharged.

Progress has also been made toward the standardization of the long term care admission process in all KTHR long term care facilities. The team has worked to reduce the number of forms required for admission and standardizing the admission process regionally. Both measures will save time for residents, families and staff, eliminate rework and make the transition to long term care as seamless as possible. The team is working on ways to provide families with pre-admission paperwork before admission which will be complete in June, 2017.

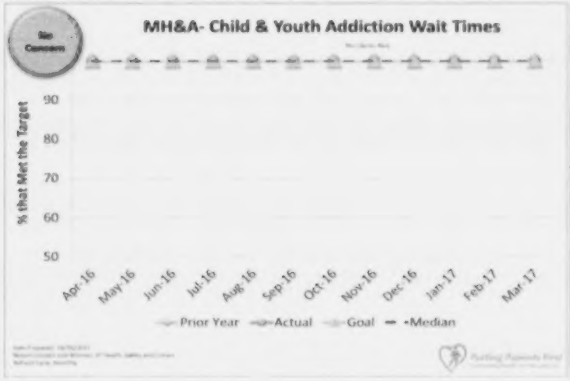
Better Health

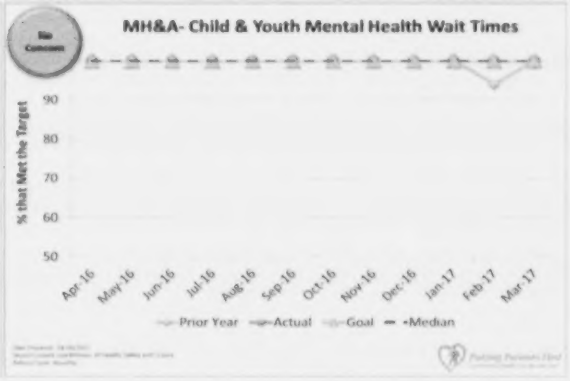
The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome that by March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

Improvement Target

By March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time.

KTHR met the triage benchmarks for adult mental health and addiction wait times 11 out of 12 months in 2016-17 and met the targets for child & youth mental health and addiction wait times the entire fiscal year despite staffing challenges.





- Staff were all trained on the Partners for Change Outcome Management System (PCOMS) last year, allowing for real-time tracking and reporting on client outcomes and clinical relationships, including client satisfaction with Mental Health and Addiction Services. Sixty-six clinicians are using PCOMS for all new and/or returning clients with a goal to achieve 100%.
- KTHR hosted a stepped care modelling event in October focusing on the Community Mental Health Nursing program. Stepped care allows for greater variation in service delivery models to meet diverse client needs rather than the "one size fits all" approach to programming that has historically been offered.
- A plan to standardize forms from various referral agencies was developed. The expected result will be a significant improvement to patient flow. A common referral form was created which will automatically be scanned to an electronic format and sent to the clinician, making the referral process more efficient and increasing client satisfaction.
- Weekly MHAS huddles include Adult teams, Nursing teams, Child/Youth teams, Administrative staff, Intake and Supervisors and have reduced the need for face-to-face meetings, proving very beneficial within departments.
- Standard work has been created for new referrals from Medical Social Work to Intake which has provided clarity about the process.
- A suicide protocol for new clients that present themselves is being undertaken as a mistake proofing project in MHAS. The project will determine the steps to take when a new client presents themselves for service when the risk for suicide is and is not triggered.

Better Value

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome that ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by implementing continuous improvement initiatives.

Improvement Target
2015-16 Regional Health Authority (RHA), Athabasca Health Authority, and Saskatchewan Cancer Agency financial status, as measured by surplus/deficit.

KTHR concluded the 2016-17 fiscal year with excess revenue over expenditures of $622,000, less an accounting transfer for a capital project, resulting in a deficit of $865,159.

In November 2016, KTHR received a directive from the Ministry of Health requiring the region to implement a number of financial restraint measures. KTHR's target was $622,000 in cost savings through measures such as a hiring freeze, scheduling efficiencies for staff and administrative savings. KTHR was experiencing considerable pressure in Acute Care, Long Term Care and Home Care and appointed a cross-functional team to focus on ensuring each service line was working within resources to achieve a balanced budget by scheduling within budgeted full-time equivalents (FTE's). Through the focused efforts of these cross-functional teams, KTHR was successful in bending the cost curve.

Teams with cross-functional representation that included program managers, Quality Improvement, Finance, Labour Relations and Scheduling were established and Home Care was the first service line targeted. The scope of the improvement work was narrowed to focus on Melfort Home Care. The team tracked and analyzed baseline staffing versus workload requirements through daily visual management.

Budgetary analysis revealed two areas of concern:

- Registered Nurse (RN) work time exceeded the budget.
- Continuing Care Assistant (CCA) non-productive time (i.e. sick time) was also in excess of the budget.

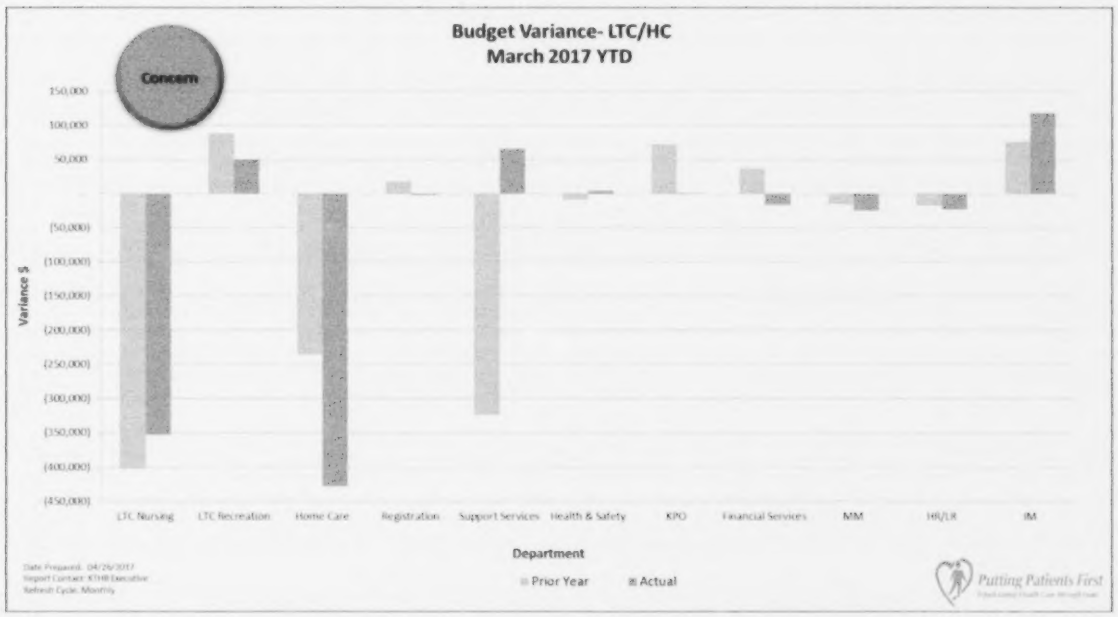
Review of the work that Melfort Home Care performs included analysis of the ratio of workload units to worked hours, which revealed a difference between CCA and Nursing units. Analysis indicated RN's are completing many tasks outside of the units being tracked.

Several initiatives resulted from the improvement work and had a positive impact on the Home Care budget variance in the final quarter of 2016-17:

- The RN staffing rotation was changed to minimize overlap of scheduled days off and reduce/eliminate relief;
- Delivery of the CCA education was changed to reduce RN educator and CCA costs;
- The Meals on Wheels program was re-evaluated to comply with provincial eligibility criteria;
- Rental of Negative Pressure Wound Therapy equipment was discontinued; and

- The work of the Access Review Committee (ARC) was incorporated into the role of the Home Care Community Social Worker.

Further evaluating of workload unit/productive hours could provide additional insight into daily productivity and costs, identify best practise and potential improvements, and create standard work. Regionally, units/productive hour rates vary considerable in Home Care therefore further analysis would help to determine an appropriate regional baseline and the steps necessary to achieve it.



While the improvement work in Melfort Home Care did not have a significant impact on the regional Home Care budget variance this fiscal year, regional replication will help move the budget into a positive variance in the next fiscal year. Similar improvement work and analysis will be undertaken to address the budget variance in long term care in the future.

In February 2017, the cross-functional team for Acute Care started work on the budget variance in Melfort Hospital. The most significant portion of the budget variance represented salaries and benefits and the remainder was related to supplies.

Value stream maps were created for Patient Discharge Flow, LPN Discharge Flow, LPN, RN and RN Float. Initial analysis revealed a number of factors contributing to the acute care budget variance in Melfort:

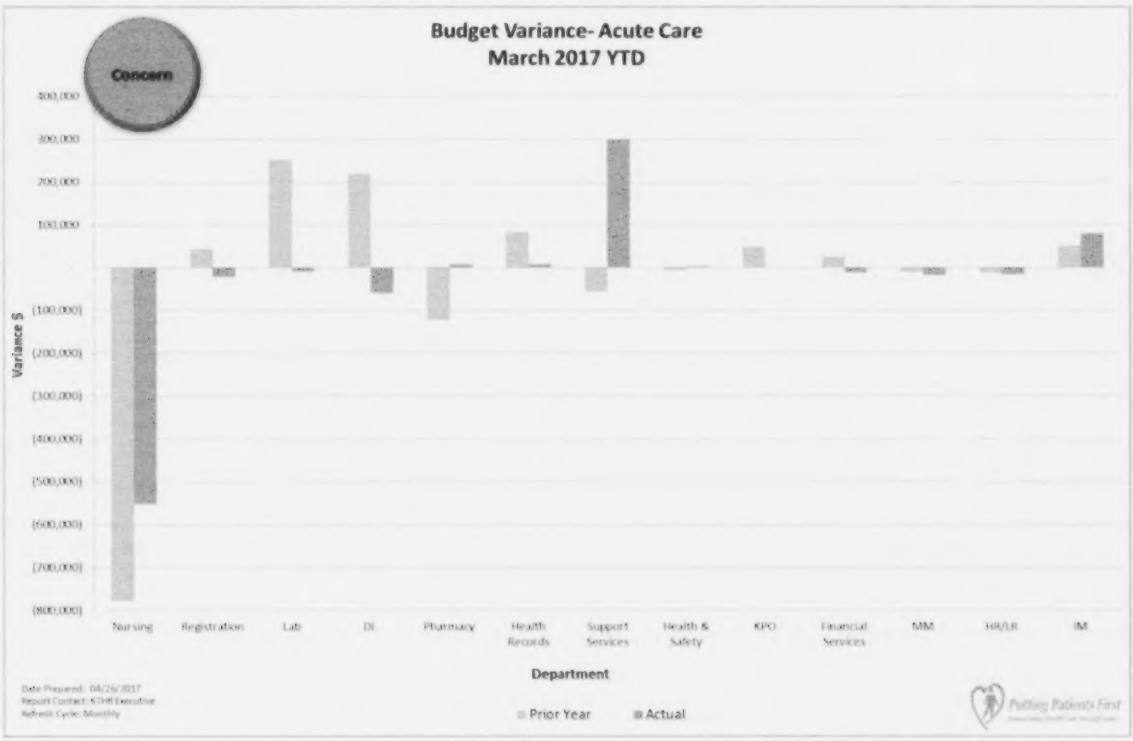
- The number of days Melfort Hospital has recorded a census greater than 24 has gone up substantially over the past two years creating increased workload.

- Melfort Hospital is providing the majority of obstetrical services in the region which has resulted in increased staff to handle maternity cases, inductions and epidurals which all require one-on-one nursing care.
- Ward supply costs have increased.
- Timely discharge of patients requiring Home Care services can be challenging due to a lack of Home Care staff availability on weekends.

Further analysis revealed opportunities to reduce costs in several areas:

- Eliminating rental of Negative Pressure Wound Therapy equipment and trying to use only the four regionally-owned units;
- Trialing the removal of four hour relief shifts in surgery; and
- Reducing overtime in the operating room.

Additional investigative work will be undertaken in an attempt to identify other options for consideration, further analysis and review. Regionally, the Acute Care nursing budget variance is significant. Improvement work has started at Melfort Hospital and is expected to reveal opportunities for replication at other acute sites within the region that will have a positive impact on the acute care budget variance in the future.



Although the initial focus of the work was on Home Care and Acute Care in Melfort, other service lines also implemented a variety of measures to reduce their costs and work toward meeting the region's budget targets.

During 2016-17, KTHR was directly involved in the implementation of two provincial shared services initiatives designed to improve quality and reduce costs. Through a provincial initiative supported by 3sHealth, training for the roll-out of Hospira Plum 360 IV pumps occurred across KTHR in early November 2016. The Smart IV pumps provide innovative technology using a pre-programmed standard drug library with minimum and maximum dosing limits to help prevent IV medication errors and reduce patient harm. All Smart IV pumps went "live" across the region the week of November 14th to 18th.

In February 2017, the KTHR began the transition to new voice recognition technology, the Fluency for Transcription system. KTHR was the seventh region to implement the new technology, joining Sun Country, Prairie North, Heartland, Cypress, Saskatoon and Prince Albert Parkland health regions to comprise the provincial transcription service led by 3sHealth. More regions will continue to join the provincial service in 2017. The new technology will improve the accuracy and timeliness of medical dictations and transcriptions in acute care and allows acute care transcription work to be pooled provincially so a report can be dictated in one region and transcribed in another.

Better Teams

The Kelsey Trail Regional Health Authority supports the provincial health system's improvement outcome to achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Improvement Target

By March 2017, all health regions and the Cancer Agency will achieve a 100% score on their Safety Alert/Stop The Line Implementation Assessment.

KTHR successfully achieved 97% in efforts to progress toward achieving 100% on the SA/STL Implementation Assessment. The region had two outstanding elements of the implementation assessment remaining at the close of the 2016-17 fiscal year (standard work on follow-up to safety events and completion of vis wall assessments) which were completed early in 2017-18.

Design and implementation of a Safety Alert System (SAS) supports the detection of safety issues, encourages the reporting of events, and the prevention of errors in healthcare settings by empowering patients, families and healthcare workers to recognize a potentially dangerous situation and trigger a process to stop the harm before it occurs through Stop the Line (STL). Reported incidents are then reviewed and improvements are implemented to reduce future harm and defects.

Through a safety work plan, KTHR made significant strides in nearing the target of 100%. Measures that were completed included:

- A risk assessment and review with the Management Network, Directors and Patient & Family Advisory Committee (PFAC).
- Development and distribution of a Manager's Toolkit in preparation for the January 3, 2017 SA/STL "go live" date in KTHR.
- Root cause analysis training for all supervisors, managers and Occupational Health and Safety (OHS) chairs resulted in an 83% completion rate among management.
- Review of vis wall standard work for analyzing data and corrective action plans.
- Tabulation and reporting of harm/no harm baseline metrics through daily visual management and as standard work during regional wall walks.
- Development, approval and implementation of Safety Alert System and Stop The Line policy.

Improvement Target

By March 31, 2017, all health regions and the Cancer Agency will have implemented the Safety Management System (SMS).

KTHR met the target to achieve full implementation of the Safety Management System (SMS), a six-element, focused process that supports safe work practices in which healthcare providers work with patients, families and care providers to ensure accountability and joint responsibility for safety. The first three elements of the SMS ((Management and Leadership, Hazard Identification and Control, and Training and Communications) were implemented in 2015-16 with the final three elements (Inspections, Reporting and Investigations, and Emergency Response) completed this fiscal year.

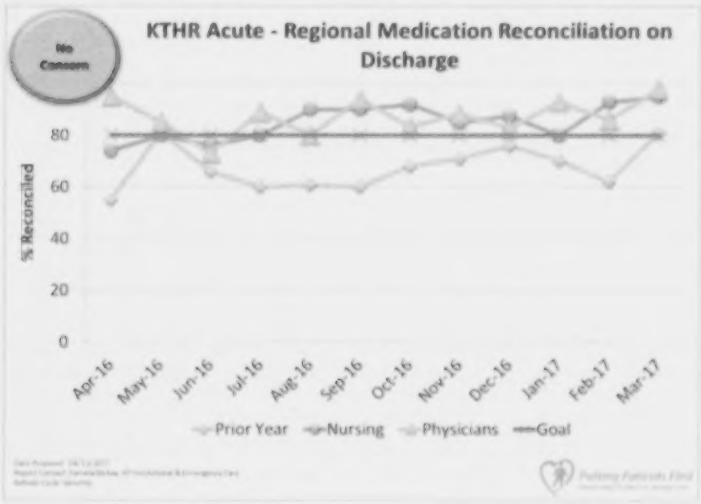
Through the safety work plan, two sites completed Occupational Health and Safety (OHS) inspection training, all shoulder and back time loss injuries were investigated to root cause with the top three causes reported, and internal safety audits were conducted in Melfort Hospital and Arborfield Special Care Lodge with both sites exceeding the required score of 75%. Emphasis on providing resources for safety continues through programs such as Safety for Supervisors, OHS Committee training, Tuesday Tips and Safety Talks.

Improvement Target

By March 31, 2017, $\geq$ 95% of care transitions where clients are at risk of medication errors will have Med Rec performed.

KTHR met and exceeded the provincial target, reaching 100% implementation of Med Rec (medication reconciliation) at Discharge/Transfer. Medication incidents were a priority focus of regional improvement work this fiscal year.

KTHR has done an outstanding job of meeting Med Rec targets and has received provincial acknowledgement for the success achieved in this area. Med Rec is a formal process in which healthcare providers work with patients, families and care providers to ensure accurate, comprehensive medication information is communicated consistently across the transitions of care.



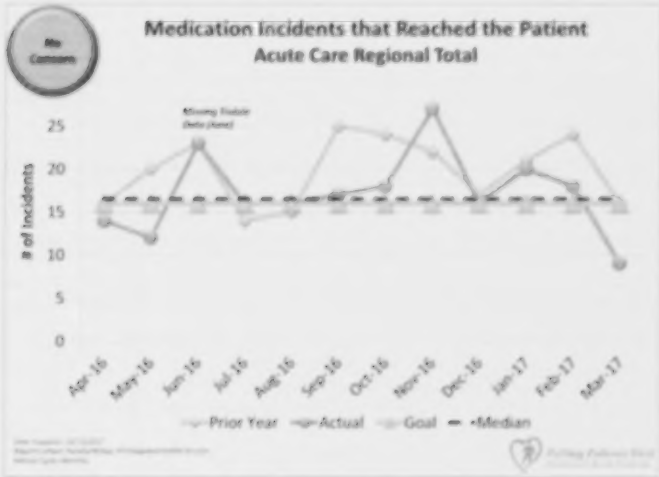
Most patients, clients and residents' receiving health care services in KTHR have chronic diseases managed by multiple medications. Medication regimes are often complex and have the potential for adverse drug events/errors resulting in ill health, hospitalization and risk of further injuries such as falls. Research indicates medication reconciliation at transition points will decrease harm to individuals, shorten length of hospital stay and reduce re-hospitalization.

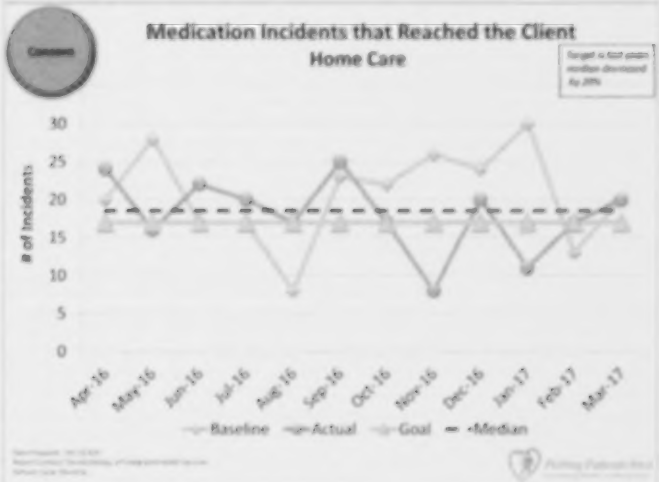
In KTHR, medication reconciliation on admission and discharge has been implemented in all six acute care facilities. Compliance with med rec on discharge has improved significantly over the previous year. The introduction and roll out of a new provincial discharge form in 2016-17 helped improve the process for both nursing and physicians. The new form was piloted in Melfort Hospital before being replicated across the region.

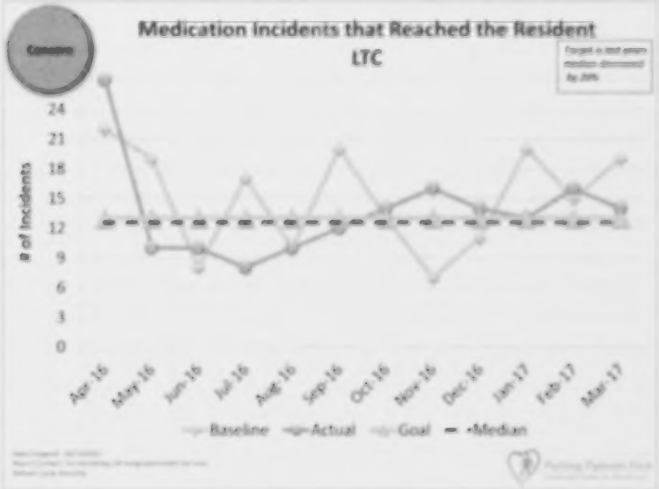
Regionally, the goal to meet the target of 80% med rec completion on discharge saw consistent improvement each month. Physicians recorded an average of 87% with nursing close behind at 85%, which are both above the target. To help stay the course, med rec will be expanded to have LPN's involved with the process. In February 2017, Tisdale started piloting med rec in the emergency room for patients returning to hospital within 30 days of being discharged from acute care.

KTHR Results:

KTHR also set a target to achieve a 20% reduction in the average number of medication incidents that reach the patient between 2015-16 and 2016-17. Targets were set in Acute Care, Long Term Care and Home Care. While the 20% target was not met in Acute Care, the region did achieve a 13% reduction in the median between 2015-16 and 2016-17 and recorded a significant decrease in the fourth quarter.







Root cause analysis is conducted on each medication incident and standard work has been developed to create consistency with the practice of medication passes. Value stream mapping of the current and future state of medication passes was also completed at Nipawin, Tisdale and Kelvington. Work on linking medication incidents to process maps was also undertaken. Acute Care will be working with Pharmacy to address narcotic medication errors.

Home care also achieved an overall reduction of 13% but experienced successive increases in the fourth quarter. Though Long Term Care was also able to reduce the number of medication incidents that reached the patient by nine percent overall, medication incidents remained above the median for the majority of the third and fourth quarters.

Corrective actions taken in Home Care included the completion of Training Within Industry (TWI) job instruction for high risk patches throughout the region. Improvement work undertaken through several PDSA's (Plan Do Study Act) related to has resulted in significant achievements in the area of standard work. Despite policies, there is variation in services regionally. In Home Care, standard work created by Nursing to assist documentation and medication assist records and delegation of task ensures medication information is current and prevents medication errors.

Among the highlights of the improvement work in Home Care was a 1.75 percent error rate achieved over a 19 day period. During this time, there were 57 clients receiving medication assistance with 120 medication passes each day (2,280 passes in total) and only four incidents were recorded. Mistake proofing work conducted through LILT training addressing the CCA medication pass process focused on decreasing medication errors not received by Home Care by working in partnership with local Pharmacies and Physicians to communicate changes to patient medications.

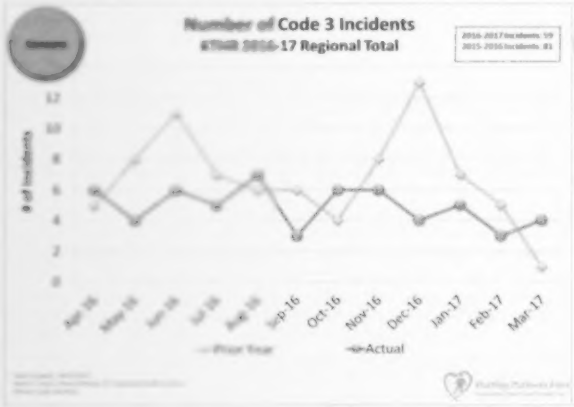
Mistake proofing projects undertaken through LILT have also resulted in the development and implementation of a work standard and audit tool for performing the medication fill in Pharmacy that saw the error rate drop from 1.8% to 0.8% and the elimination of narcotic-related medication events in Melfort Hospital.

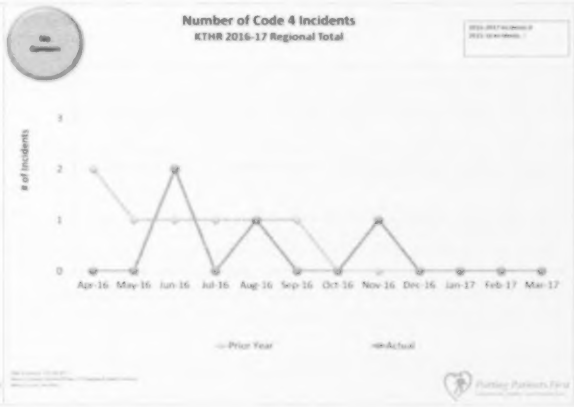
In long term care, replication of a coaching/mentoring program that was developed in Pineview Lodge in Nipawin has helped reduce medication incidents. All incidents continue to be reported to the Director of Long Term Care.

Patient & Staff Safety

Improving the safety of patients and healthcare workers is a priority in Saskatchewan. While harm can occur in all healthcare settings, harm is often preventable when a strong safety culture exists and safety practices are embedded in daily work.

KTHR concluded the 2016-17 fiscal year with reductions in both Code 3 (patient protection events) and Code 4 (care management events) incidents. Code 3 incidents decreased by 28% over the previous year while Code 4 incidents decreased by 43%. No Code 4 incidents were reported in the last quarter of the fiscal year.

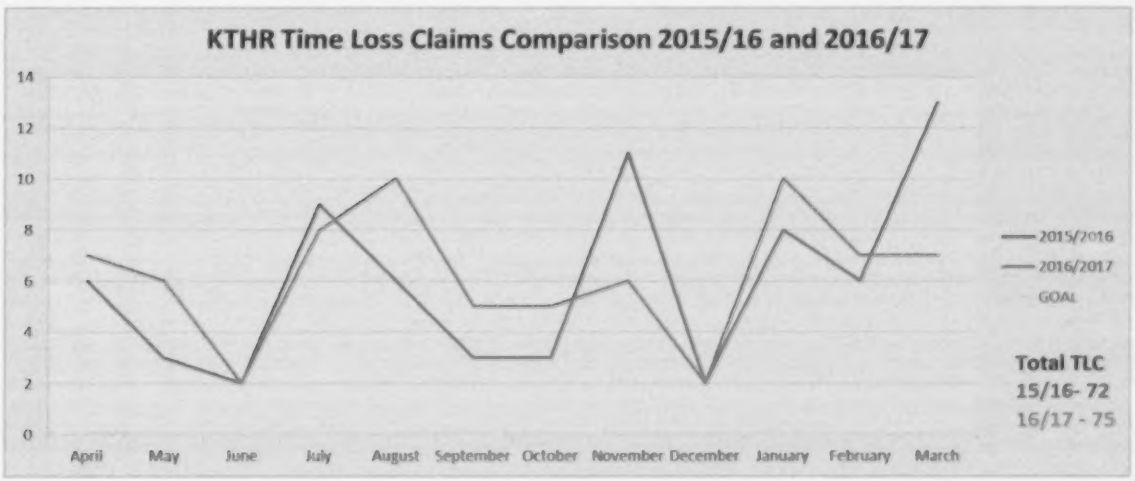




Successful root cause investigation of Code 3 incidents resulted in the development and implementation of a number of correction action plans.

In addition to the SA/STL and SMS systems, a variety of quality improvement initiatives have also contributed to the reduction in Code 3 and 4 incidents within the region. These include:

- Continued education on purposeful rounding and the introduction of interdisciplinary rounding
- Updating the Falls Prevention program
- Developing and improving work standards
- Increased use of quality improvement tools such as PDSA's and mistake proofing
- Improved safety communication with the use of a quarterly safety report that provides an overall status of patient and staff safety in KTHR as well as actions that have contributed to improve the safety culture

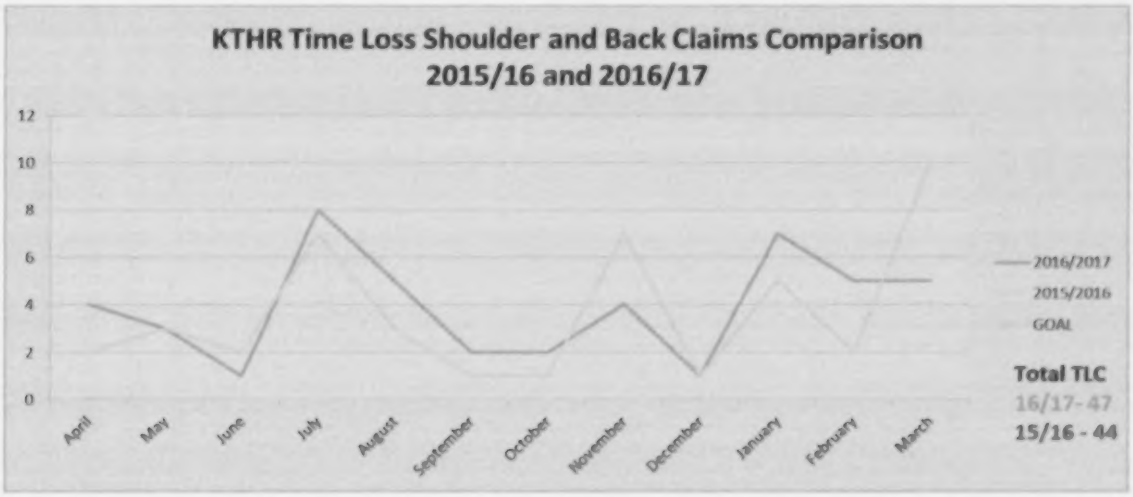


KTHR was unable to meet the target to decrease time loss injuries sustained by employees in 2016-17. Employee time loss injuries increased by three injuries from the previous fiscal year which is a four percent increase over the previous year. During the months of November and March, safety awareness campaigns were circulated throughout the region. These concentrated efforts saw a decrease in time loss claims both months as compared to the same time in the previous year.

Among the 75 time loss claim investigations completed, 65 (87%) of investigations were completed to root cause. In the majority of cases, remedial actions were undertaken with the intent to avoid the same type of injury from occurring to another employee. All shoulder or back time loss injuries were investigated to root cause. Corrective actions were implemented at the conclusion of the majority of root cause investigations. Time loss claim investigations that were completed to root cause will continue with the ultimate provincial goal to achieve zero harm by 2020.

Sixty-two percent of employee time loss injuries in 2016-17 were the result of shoulder and back injuries. Data indicates the most significant increase in time loss injuries over the past two years has occurred in Long Term Care Nursing. Other departments remained relatively the same, or experienced slight increases/decreases over the same time period.

Community Services reported two shoulder and back time loss injuries in 2016-17. No shoulder and back injuries were reported in the previous year. The most significant increases were recorded in Long Term Care and Home Care where staff injuries more than doubled from the 2015-16 fiscal year. Acute care recorded an 11% decrease in shoulder and back injuries from the previous fiscal year.



KTHR offered various training programs to employees over the year including Root Cause and Analysis, TLR Train-the-Trainer, Safety for Supervisors, Updated Emergency Response Codes, WHMIS (Workplace Hazardous Materials Information System) 2015, harassment presentations, inspection training and OHS Committee Level 1 training. Work is ongoing to align staff and patient safety where feasible in an effort to simplify reporting processes and safety messaging where possible.

Moving forward, strategies will continue to focus on reducing injuries. A few key areas of focus will include:

- Continuing to implement the required elements of the SMS (Safety Management System) throughout the region.
- Facilitating additional Root Cause and Analysis training to assist managers and frontline staff in completing investigations and ensuring corrective actions plans are in place. Currently, 87% of managers have completed Root Cause and Analysis training.

- Continued analysis of injury trends and development of action plans to assist in reducing or eliminating identified hazards. Two areas of focus that continue in the new fiscal year will be increased plans for managing icy hazards in winter and remaining vigilant with all Transfer, Lift, Repositioning (TLR) processes and protocol.
- Sharing information on injury trends and prevention strategies.
- Planning Safety Awareness campaigns to target high hazard months. Campaigns will target July, August, November, January and March in the upcoming year.
- Facilitating existing safety programs and training that have already played a key role in injury reduction

Workforce Stability

In 2016-17, workforce stability was identified as a priority for the region with a focus on Continuing Care Assistant (CCA) recruitment and retention.

CCA's are frequently hired as conditional employees, on the condition they complete their CCA certificate within two years of their hire date, as a secondary option if the region is unable to recruit qualified staff. A number of existing CCA staff are eligible to retire in the near future therefore, it is expected the number of conditional hires will increase significantly. In addition, a number of CCA conditional hires terminate within 12 months of their hire date. Review of exit interviews indicates one factor that is contributing to CCA turnover is inadequate training and mentorship. Inconsistent education and mentorship among CCA's has resulted in varying levels of competency. This results in challenges to the provision of consistent, safe, quality care to residents and clients as well as varying practices among facilities which limits the region's ability to reassign CCA's to different sites.

The estimated cost of one CCA hire is $2400 which includes approximately $500 in regional orientation costs and $1900 in facility orientation costs. Home Care has additional costs associated with hiring CCA's due to delegation of task training which adds an additional cost of $365 per new hire. Home Care new hire costs average $2,765 per CCA.

Through analysis of the current state of CCA recruitment and retention, several areas for focused improvement work were identified:

a) **Reduction of Injuries**
   The majority of health care worker injuries occur among CCA's. Despite training programs to address the risks involved with mobilizing clients and the increased use of equipment, injuries continue to occur. Having best practice coaching and demonstrated

is expected to lead to a reduction in CCA injuries. Employees who are away from the workplace due to workplace injuries contribute to short-staffing which can also have an impact on overtime and sick time among other employees.

b) **Reduction of Turnover**
Employee surveys indicate employees would like to see more training, development and opportunities to be paired up with senior/experienced staff to receive more mentorship in the workplace.

c) **Increased capacity for delivery of higher acuity education**
The introduction of a CCA education package, would free up needed capacity of the Clinical Nurse Educator (CNE) which would have a positive impact for quality of care, care delivery, patient and resident safety, cost and morale and would provide more opportunity for mentorship.

A3's, problem solving tools uses to explain and analyze a problem and identify corrective actions, were developed for Education/Orientation and Retention. Among actions identified for Education/Orientation was changing regional orientation to include the integration of Aboriginal Awareness Training. Action undertaken as a result of the Retention A3 included implementation of changes to the exit interview process which resulted in increased participation and implementation of a New Hire survey. The workforce sustainability team developed a standardized regional CCA checklist to determine training requirements and initiated manager training to assist with retention when termination/resignation is not the desired outcome. A CCA education package was developed and will be delivered regionally, targeting new conditionally hired and untrained CCA's as well as serving as a refresher for existing CCA staff.

Following the release of the provincial government's mid-year financial report, the work of the sustainable workforce team was temporarily put on hold in order to put concentrated effort on the development of action plans to address the budget variances in Home Care, Long Term Care and Acute Care. The work of the sustainable workforce team remains a priority for KTHR and is expected to resume in the new fiscal year.

KTHR Patient First Progress

KTHR monitors a number of Quality, Cost, Delivery, Safety and Morale (QCDSM) metrics not considered strategic priorities in the 2015-16 fiscal year but are aligned to provincial outcome targets. These metrics also provide continued focus and support for quality improvement initiatives that benefit patients, clients, residents and their families.

Kelvington capital project

In April 2017, the final phase of the long term care renovations to Kelvindell Lodge were completed to bring a formal conclusion to the capital project that also saw the construction of a new hospital and medical clinic. Dementia wing renovations were the final stage of the renovations to be completed and admissions to the long term care facility were re-opened soon after. Construction began in July 2014.

Diagnostic Imaging

Diagnostic imaging equipment in Carrot River, Melfort, Tisdale, Kelvington, Nipawin and Porcupine Plain has been upgraded from Computed Radiography (CR) to Direct Radiography (DR) units. The regional diagnostic imaging upgrade will be complete when installation is completed in Hudson Bay in the spring of 2017. The financial support of community trusts and foundations enabled KTHR to align all of the regional diagnostic imaging equipment with industry standard technology.

Rural Memory Care Clinic

The KTHR Rural Memory Care Clinic is providing community-level access to memory assessment in rural Saskatchewan. The regional clinic, based in Tisdale, is modelled after the Geriatric Evaluation and Management (GEM) Centre in Saskatoon. Clients referred to the Rural Memory Care Clinic receive a multi-focused assessment that helps to determine if their memory-related issues are the result of dementia or other causes. The goal of the clinic is the provide clients with increased understanding of the condition they are diagnosed with and how to live with it.

The opening of the North Saskatchewan Rural Dementia Assessment Outreach Team in Parkridge Centre in Saskatoon has also provided KTHR with the opportunity to work with an

outreach team regarding responsive behaviour referrals in Long Term Care, Acute Care and community.

Renovations to Cumberland House Health Centre

Renovations to the Cumberland House Health Centre were 90% complete at the end of the 2016-17 fiscal year. The renovations were undertaken to improve patient and provider flow in the clinic, increase patient and provider confidentiality and accommodate the addition of Mental Health and Addiction Services within the health centre.

Management Report

May 31, 2017

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance, Audit & Risk Management Committee. The Finance, Audit & Risk Management Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance, Audit & Risk Management Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance, Audit & Risk Management Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Shane Merriman, CPA, CMA
Chief Executive Officer

Connie Glaves
VP Corporate Services

2016-17 Financial Overview

Kelsey Trail Health Region recorded an operational surplus, before interfund transfers and a Goods & Services Tax (GST) rebate, of $690,987. The region is required to make transfers from the operating fund to the capital fund for mortgage payments, the principal portion of the loan on the region's Energy Performance loan, and necessary allocations to Maintenance & Replacement Reserves. Following annualized transfers from operating to capital and an accounting transfer for a capital project the region concluded the year with a deficit of $865,159.

In November 2016, KTHR received a directive from the Ministry of Health requiring the region to implement a number of financial restraint measures. KTHR's target was $622,000 through measures to include:

Administrative Savings - $300,000

Administrative savings implemented in the previous fiscal year that were targeted for reinvestment into front line staff in long term care facilities were placed on hold and all savings were redirected to meet fiscal restraint targets.

Hiring Freeze - $147,000

All positions were reviewed by the KTHR Executive Team and approved by the CEO prior to posting. Priority positions, which included frontline positions providing direct patient care and positions critical to the health and safety of the public and operation of the region, were not included.

Scheduling Efficiencies - $175,000

KTHR was expected to reduce temporary staffing by scheduling within budgeted full-time equivalents (FTE's). No casual or temporary positions were to be scheduled unless;

- Necessary to fill entitled leaves (sic, vacation) only in areas of direct patient care; and
- Only critical need or to manage capacity surges.

KTHR was experiencing considerable pressure in Acute Care, Long Term Care and Home Care at the midway point of the year and appointed cross-functional teams to focus on ensuring each service line was working within resources to achieve a balanced budget by scheduling within budgeted full-time equivalents (FTE's). Through the focused efforts of these cross-functional teams, KTHR was successful in bending the cost curve.

KTHR was able to meet the Ministry target through some one time changes that impacted the 2016-17 financial results. An amendment to the Goods & Services Tax (GST) introduced in the May 2005 Federal budget resulted in the expansion of the 83% rebate eligibility to a broader range of health services. KPMG was engaged by the Ministry of Health to help determine whether RHA's were entitled or eligible to claim the rebate on program costs that may currently restricted to the 50% rebate, which included all services except Acute Care. The region successfully appealed the 83% rebate dating back to 2007 resulting in a rebate balance of $1,784,222. With the additional funds from the GST rebate, the KTRHA board was able to approve a capital allocation of $631,202 and top off Maintenance & Replacement Reserves.

In addition to the successful appeal of the GST rebate, the region also received $37,500 in revenues from the disbursement of KTHR's portion of the $150,000 in funds held by the Prince Albert Parkland Health Region, acting as the agent of the former North Sask Laundry. WCB investment earnings of $1.3 million were offset through a Ministry funding reduction of $1.2 million. Other revenue surpluses included patient and client fees of $262,000 which included $193,000 in long term care fees and $63,000 in EMS fees due to increased calls which were offset by increased overtime costs.

The 2016-17 budget was based on budgeted revenues of $127,476,633, a decrease of .8 percent over the previous year. Budgeted expenditures of $126,692,002 decreased by .1 percent over the same period and do not include appropriations from the operating to the capital fund required for mortgage payments, the Energy Performance Contract Loan and SHC Reserves. The majority of budgeted revenue changes are related to increases in compensation-related expenses for health care providers. Salaries, benefits and medical remuneration account for 82%, or $103. million, of KTHR's budget.

The region's operating pressures are influenced by several factors, particularly the growing costs associated with supporting current health services including:

- advances in technologies, procedures and drugs;
- increased emphasis on environmental/infection control, quality improvement and patient safety;
- human resources shortages; and
- education and training of staff, both mandatory and other.

Capital equipment requests continue to surpass the capital funding available to the region. Advances in technologies, aging equipment and facilities impact the ability to meet the capital needs of the region. The 2016-17 capital budget of $3.2 million targeted new technology and equipment to address quality and patient safety, the ongoing work associated with the Kelvington capital project and Life Safety/Emergency and Infrastructure projects.

In 2016-17, one-time funding of $235,000 was approved to help address the need for diagnostic, medical, surgical, patient comfort/safety equipment and IT equipment. In previous years, a minimum 30% allocation was required to be spent on equipment in long term care facilities. Though no longer a requirement, the region's 2016-17 budget allocated 43% of the capital equipment to equipment in long term care facilities to include some of the equipment needs identified curing the CEO long term care tours. Items that were not considered priority for the 2016-17 capital budget were added to the region's five-year capital equipment plan.

KTHR continues to work on completing its highest priority life safety/emergency and infrastructure needs. In 2016-17, the region received block funding in the amount of $750,000 to address projects including upgrades/replacement of fire alarm systems, fire protection sprinkler systems or standby generators, OH&S items, recertification of non-code compliant building components, etc. Infrastructure improvement projects may include containment or removal of hazardous material, roof replacements, window replacements, structural work, etc.

Community trusts, foundations and auxiliaries provide invaluable support to the region in providing financial resources to help meet capital equipment needs. KTHR partnered with community trusts and foundations to secure community-based capital funding commitments to support the regional diagnostic imaging strategy and cover the capital costs associated with upgrading the existing Computed Radiography (CR) rooms to Digital Radiography (DR) technology in 2016-17.

NeuPath Group, PC Inc.

Chartered Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Kelsey Trail Regional Health Authority

We have audited the accompanying financial statements of Kelsey Trail Regional Health Authority, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in fund balances and cash flow for the year ended March 31, 2017, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design auditor procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kelsey Trail Regional Health Authority as at March 31, 2017, its results of operations, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Chartered Accountants

Nipawin, Saskatchewan
May 31, 2017

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2017

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2017	Total 2016
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 7,543,120	$ 4,128,603	$ 3,533,709	$ 15,205,432	$ 16,206,380
Accounts receivable					
Ministry of Health - General Revenue Fund	154,316	589,402	-	743,718	3,252,487
Other	1,456,458	615,928	-	2,072,386	3,182,883
Inventory	616,192	-	-	616,192	512,589
Prepaid expenses	853,366	-	-	853,366	736,592
	10,623,452	5,333,933	3,533,709	19,491,094	23,890,931
Investments (Schedule 2)	1,285,843	-	-	1,285,843	1,273,886
Other assets	34,536	156,000	-	190,536	212,935
Capital assets (Note 3)	-	69,275,241	-	69,275,241	65,812,113
Total Assets	$ 11,943,831	$ 74,765,174	$ 3,533,709	$ 90,242,714	$ 91,189,865
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 2,683,736	$ 920,541	$ -	$ 3,604,277	$ 5,975,382
Accrued salaries	3,280,710	-	-	3,280,710	3,617,213
Vacation payable	7,501,157	-	-	7,501,157	7,602,822
Long term debt - current (Note 5)	-	771,233	-	771,233	782,594
Deferred revenue (Note 6)	587,828	-	-	587,828	362,833
	14,053,431	1,691,774	-	15,745,205	18,340,844
Long term liabilities					
Long term debt (Note 5)	-	6,408,729	-	6,408,729	7,182,911
Employee Future Benefits (Note 10)	4,141,400	-	-	4,141,400	4,099,700
Total Liabilities	18,194,831	8,100,503	-	26,295,334	29,623,455
Fund Balances:					
Invested in capital assets	-	62,095,279	-	62,095,279	57,846,608
Externally restricted (Schedule 3)	-	1,206,918	3,533,709	4,740,627	6,543,804
Internally restricted (Schedule 4)	-	3,362,474	-	3,362,474	2,561,839
Unrestricted	(6,251,000)	-	-	(6,251,000)	(5,385,841)
Fund balances – (Statement 2)	(6,251,000)	66,664,671	3,533,709	63,947,380	61,566,410
Total Liabilities & Fund Balances	$ 11,943,831	$ 74,765,174	$ 3,533,709	$ 90,242,714	$ 91,189,865

Commitments (Note 4)
Pension Plan (Note 10)

Approved on behalf of the Board of Directors

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2017

Statement 2

	Operating Fund		Restricted			
	Budget 2017 (Note 11)	Operating 2017	Capital Fund 2017	Community Trust Fund 2017	Total 2017	Total 2016
REVENUES						
Ministry of Health – General Revenue Fund	$ 115,131,400	$ 113,926,639	$ 2,942,975	$ -	$ 116,869,614	$ 122,701,330
Other Provincial	1,165,720	1,197,261	234,364	-	1,431,629	1,491,915
Federal Government	-	1,343	-	-	1,343	1,546
Patient & Client Fees	8,493,423	8,755,716	-	-	8,755,716	8,589,876
Out of Province (reciprocal)	528,676	628,572	-	-	628,572	710,647
Out of Country	25,026	35,818	-	-	35,818	16,513
Donations	-	667	1,256,981	361,302	1,618,950	3,657,579
Ancillary	865,195	850,336	-	-	850,336	791,806
Investment	120,000	129,053	59,456	41,003	189,510	186,378
Recoveries	980,600	1,963,452	-	-	1,963,452	1,214,626
Research Grants	-	-	-	-	-	-
Other	566,500	2,465,028	58,647	-	2,523,675	1,039,895
Total revenues	**127,876,633**	**129,955,089**	**4,568,424**	**402,305**	**134,865,815**	**140,704,575**
EXPENSES						
Inpatient & resident services						
Nursing Administration	3,580,709	3,606,576	-	-	3,606,576	3,847,225
Acute	14,683,424	15,208,535	1,654,988	-	16,863,818	16,941,495
Supportive	19,156,757	19,568,503	2,068,412	-	21,632,915	21,544,910
Integrated	3,795,993	6,056,094	1,019,050	900	7,076,244	7,035,984
Rehabilitation	-	-	-	-	-	-
Mental Health & Addictions	-	-	-	-	-	-
Total Inpatient & Resident Services	**41,136,883**	**44,439,908**	**4,742,450**	**900**	**49,179,553**	**49,369,614**
Physician Compensation	**10,158,587**	**10,126,303**	-	-	10,126,303	**10,581,588**
Ambulatory Care Services	**3,194,669**	**3,145,148**	-	-	3,145,148	**3,341,207**
Diagnostic & Therapeutic Services	**12,110,000**	**12,216,905**	-	**32,501**	12,249,406	**11,800,087**
Community Health Services						
Primary Health Care	2,887,035	2,752,826	-	-	2,752,826	2,637,289
Home Care	8,318,261	8,746,668	-	-	8,746,668	8,445,710
Mental Health & Addictions	3,059,234	2,868,105	-	-	2,868,105	2,881,664
Population Health	4,876,557	5,016,845	-	-	5,016,845	5,068,148
Emergency Response Services	4,780,572	4,777,199	68,548	-	4,845,747	4,480,923
Other Community Services	620,322	630,642	59,583	-	690,225	716,600
Total Community Health Services	**24,542,021**	**24,798,075**	**128,131**	-	**24,926,208**	**24,230,334**
Support Services						
Program Support	7,667,080	7,796,324	-	-	7,796,324	7,606,369
Operational Support	24,659,096	24,550,991	61,382	-	24,612,373	24,522,441
Employee Future Benefits	-	41,700	-	-	41,700	7,200
Other Support	435,586	809,529	-	-	809,529	787,667
Environmental Remediation	-	-	-	-	-	-
Total Support Services	**32,761,762**	**32,778,544**	**61,382**	-	**32,839,926**	**32,323,677**
Ancillary	-	-	-	-	-	-
Total Expenses (Schedule 1)	**136,693,882**	**137,479,980**	**4,971,963**	**33,401**	**142,484,846**	**141,765,507**
Excess (Deficiency) of Revenues over Expenses	$ 794,751	**(3,475,209)**	**(403,540)**	**369,904**	**(7,619,031)**	**(1,060,932)**
Interfund Transfers						
(building renovations (EPC Loan Payments)		(228,097)	228,097	-	-	-
Capital asset purchases		(1,487,150)	2,073,476	(586,347)	-	-
SHC reserves		(575,475)	575,475	-	-	-
Capital Equipment		(611,502)	611,502	-	-	-
Mortgage payments		(825,435)	825,435	-	-	-
Total Interfund Transfers		(3,340,308)	3,926,985	(586,347)	-	-
Increase (Decrease) in Fund Balances		**(865,159)**	**3,663,161**	**(217,043)**	**7,619,031**	**(1,060,932)**
Fund balances, beginning of year		(5,385,841)	63,208,529	3,750,725	61,573,413	62,634,345
Fund balances, end of year		$ (6,251,000)	$ 66,664,670	$ 3,533,709	$ 63,947,379	$ 61,573,413

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2017

Statement 3

	Operating Fund		Restricted Fund			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
Cash Provided by (used in)						
Operating activities						
Excess (deficiency) of revenue over expenditure	$ 2,475,209	$ 1,482,903	$ (463,544)	$ 369,304	$ (94,240)	$ 6,955,761
Net change in non-cash working capital (Note 7)	(2,004,769)	1,348,083	2,861,082	-	2,861,082	(2,856,196)
Amortization of capital assets	-	-	4,777,653	-	4,777,653	4,750,211
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	84,049	-	84,049	30,392
	470,440	2,830,986	7,259,240	369,304	7,628,544	8,880,168
Capital activities						
Purchase of capital assets						
Buildings/construction	-	-	(5,609,516)	-	(5,609,516)	(9,499,174)
Equipment	-	-	(2,715,314)	-	(2,715,314)	(880,419)
Proceeds on disposal of capital assets					-	
Buildings	-	-	-	-	-	855
Equipment	-	-	-	-	-	1,614
	-	-	(8,324,830)	-	(8,324,830)	(10,377,124)
Investing activities						
Sale (Purchase) of long-term investments	(12,561)	5,542	-	-	-	-
Increase in other long-term assets	-	-	23,000	-	23,000	(179,000)
	(12,561)	5,542	23,000	-	23,000	(179,000)
Financing activities						
Repayment of debt	-	-	(785,541)	-	(785,541)	(761,833)
Repayment of obligations under long-term financing arrangements	-	-	-	-	-	-
	-	-	(785,541)	-	(785,541)	(761,833)
Net increase (decrease) in cash & short-term investments during the year	457,879	2,836,528	(1,828,131)	369,304	(1,458,827)	(2,437,789)
Cash & short-term investments, beginning of year	10,425,609	9,039,356	2,030,049	3,750,722	5,780,771	6,768,285
Interfund transfers (Statement 2)	(3,340,368)	(1,450,275)	3,926,685	(586,317)	3,340,368	1,450,275
Cash & short-term investments, end of year	$ 7,543,120	$ 10,425,609	$ 4,128,603	$ 3,533,709	$ 7,662,312	$ 5,780,771

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

1. Legislative Authority

The Kelsey Trail Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Town of Naicam

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act* of Canada.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information on the Foundations.

2. Significant Accounting Policies – continued

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from the Ministry of Health – General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant Accounting Policies – continued

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on a weighted average cost basis.

f) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated Sick Leave Benefit Liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

2. Significant Accounting Policies – continued

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Public Sector Accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Consolidated Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 – $0) the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

2. Significant Accounting Policies – continued

k) New accounting standards not yet in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i) PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii) PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

iii) PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv) PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v) PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi) PS3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii) PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii) PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix) PS1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x) PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. Capital Assets

	2017			2016
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 638,752	$ -	$ 638,752	$ 638,752
Land Improvements	702,219	632,004	70,215	31,098
Buildings	133,376,976	76,077,047	57,299,929	46,421,212
Equipment	30,013,238	22,156,295	7,856,943	6,922,765
Construction in progress	3,409,402	-	3,409,402	11,798,286
	$ 168,140,587	$ 98,865,346	$ 69,275,241	$ 65,812,113

4. Commitments (Contractual Obligations)

a) Capital Asset Obligations

As at March 31, 2017 contractual obligations for acquisition of capital assets were $631,598 (2016 - $3,666,574).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2018	$134,690
2019	$152,683
2020	$76,381
2021	0
2022	0

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2017. Note 9 b) provides supplementary information on Health Care Organizations.

5. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2017	2016
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	1.12%	$38,797 Principal & interest Mortgage renewal date – February 1, 2020. Guaranteed by land & building NBV $48,157.	$ 173,249	$ 209,892
Newmarket Manor				
C.M.H.C., due March 1, 2023	1.12%	$140,126 Principal & interest Mortgage renewal date – February 1, 2020. Guaranteed by land & building NBV $19,329,999.	812,752	943,025
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	2.11%	$33,508 Principal & interest Of which $364 is subsidized by SHC. Yielding an effective interest rate of 2.09%. Mortgage renewal date – January 1, 2019. Guaranteed by land & building NBV $167,715.	115,557	146,291
Red Deer Nursing Home				
C.M.H.C., due February 1, 2027	1.46%	$57,305 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 0.24%. Mortgage renewal date – March 1, 2022. Guaranteed by land & building NBV $557,192.	460,393	496,708

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2017	2016
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	1.12%	$101,510 Principal & interest Mortgage renewal date – February 1, 2020. Guaranteed by land & building NBV $264,856.	$ 445,256	$ 541,219
Pineview Lodge				
C.M.H.C., Paid January 1, 2017	0.00%	$0 Principal & interest Mortgage Paid January 1, 2017.	-	54,242
C.M.H.C., due April 1, 2025	1.04%	$124,214 Principal & interest Of which $108,000 is subsidized by SHC. Yielding an effective interest rate of 0.14%. Mortgage renewal date – October 1, 2020. Guaranteed by land & building NBV $897,295	962,675	1,076,280
Chateau Providence				
C.M.H.C., due October 1, 2026	1.62%	$84,799 Principal & interest Of which $78,000 is subsidized by SHC. Yielding an effective interest rate of 0.27%. Mortgage renewal date – October 1, 2026. Guaranteed by land & building NBV $207,865	752,394	817,066
Energy Performance Contract				
Toronto Dominion Bank due October 15, 2026	5.33%	$413,885 Principal and interest	3,457,686	3,680,784
			$ 7,179,962	$ 7,965,505
Less: Current portion			771,233	782,594
			$ 6,408,729	$ 7,182,911

5. Long Term Debt – continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related land and buildings of the special care homes as security. The term loan with the Toronto Dominion Bank is unsecured. Principal repayments required in each of the next five years are estimated as follows:

2018	$771,233
2019	790,886
2020	811,255
2021	818,680
2022	753,555
2023 and subsequent	3,234,353

6. Deferred Revenue

As at March 31, 2017	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Saskatchewan Health Initiatives				
Enhanced Dental Services	$ 21,987	$ 120,129	$ 119,159	$ 21,017
LTC - Urgent Issues Action Fund	33,390	33,390	-	$ -
Primary Care - Melfort PHC Team	24,112	24,112	-	$ -
Primary Care - Physician Alternate Payment	-	7,731,077	8,192,000	$ 460,923
Physician Rural Locum	105,655	331,600	264,000	$ 38,055
Total Saskatchewan Health	**185,144**	**8,240,308**	**8,575,159**	**519,995**
Other Government of Saskatchewan Initiatives				
Kids First Targeted	84,632	556,041	539,242	67,833
Nursing Recruitment Funding	41,641	41,641	-	-
3sHealth IV Pump Initiative	51,416	51,416	-	-
Total Other Government of Saskatchewan	**177,689**	**649,098**	**539,242**	**67,833**
Non Government of Saskatchewan Initiatives				
-	-	-	-	-
Total Non Government of Saskatchewan	-	-	-	-
Total Deferred Revenue	**$ 362,833**	**$ 8,889,406**	**$ 9,114,401**	**$ 587,828**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
(Increase) Decrease in accounts receivable	$ 141,316	$(1,147,757)	$ 3,477,950	$ -	$ 3,477,950	$ (4,223,523)
(Increase) Decrease in inventory	(103,603)	31,396	-	-	-	-
(Increase) Decrease in prepaid expenses	(116,774)	666,902	-	-	-	-
Increase (Decrease) in accounts payable	(1,754,235)	747,133	(616,868)	-	(616,868)	1,367,327
Increase (Decrease) in accrued salaries	(336,503)	855,243	-	-	-	-
Increase (Decrease) in vacation payable	(101,665)	479,768	-	-	-	-
Increase (Decrease) in deferred revenue	224,995	(291,802)	-	-	-	-
Increase (Decrease) in employee future benefits	41,700	7,200	-	-	-	-
	$ (2,004,769)	$ 1,348,083	$ 2,861,082	$ -	$ 2,861,082	$ (2,856,196)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017 was $60,086 (2016 - $67,567). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

North Sask Laundry:

North Sask Laundry (NSL) provided linen services mainly to RHA's in Saskatchewan. The Kelsey Trail RHA was a 25% shareholder of NSL and had the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the

9. Related Parties - continued

shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

NSL is a non-profit incorporated organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

Revenues	2017	2016
Athabasca Health Authority	$ 165,500	$ 165,500
Ministry of Education	616,138	547,214
Ministry of Health	117,204,465	123,845,928
Ministry of Justice	42,085	101,000
North Sask Laundry	-	600,000
Subsidies from Saskatchewan Housing Corporation	234,364	242,430
SGI	62,595	54,226
	$ 118,325,147	$ 125,556,298

Expenditures	2017	2016
Correctional Facilities Industries Revolving Fund	$ 621	$ 202
Cumberland Regional College	37,837	93,086
Health Quality Council	-	263
Mamawetan Churchill River Regional Health Authority	-	16,440
Ministry of Central Services	195,424	369,462
North East School Division	29,736	30,832
North Sask Laundry & Support Services	-	463,489
Prince Albert Parkland Regional Health Authority	55,520	54,590
Regina Qu'appelle Regional Health Authority	9,176	-
3sHealth	4,569,127	3,859,410
Sask Energy	465,519	619,592
Sask Power	1,425,130	1,312,459
Sask Tel	465,973	492,394
Sask Workers Compensation Board	1,320,642	1,055,162
Saskatchewan Housing Corporation	20,228	10,728
SIAST/Saskatchewan Polytechnic	10,979	7,918
Saskatchewan Transport Company	13,684	17,996
Saskatoon Regional Health Authority	406,394	387,774
SGI	4,928	36,944
SHEPP	12,272,312	11,351,664
eHealth Saskatchewan	216,909	164,722
Saskatchewan Research Council	754	-
Heartland Health Region	-	49
	$ 21,520,893	$ 20,345,176

9. Related Parties - continued

	2017	2016
Accounts Receivable		
Ministry of Health	$ 743,718	$ 3,252,487
	$ 743,718	$ 3,252,487
Prepaid Expenditures		
Workers Compensation	$ 351,489	$ 306,131
	$ 351,489	$ 306,131
Accounts Payable		
Workers Compensation	$ 749,154	$ -
	$ 749,154	$ -

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2017	2016
Nipawin Oasis Community Centre Co-operative Ltd.	$ 49,427	$ 48,767
Kelvington Ambulance Care Ltd.	518,286	498,300
Tisdale Ambulance Care Ltd.	585,824	562,806
Shamrock Ambulance Care Ltd.	280,758	283,999
North East EMS	1,619,613	1,352,024
Melfort Ambulance Service	571,552	580,599
Town of Naicam	142,178	141,762
	$ 3,767,638	$ 3,468,257

ii) Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $472,007 (2016 - $463,316) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $630,280 (2016 - $98,745) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $200,000 (2016 - $0) to the RHA.

10. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Government of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017			2016
	SHEPP[1]	PEPP	Total	Total
Number of active members	1,402	5	1,407	1,367
Member contribution rate, percentage of salary	8.10%-10.70%*	6.08%-7.08%*		
RHA contribution rate, percentage of salary	9.07%-11.98%*	6.08%-7.08%*		
Member contributions (thousands of dollars)	5,387	32	5,419	5,376
RHA contributions (thousands of dollars)	6,034	32	6,066	6,021

*Contribution rate varies based on employee group

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2017.
Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

10. Employee Future Benefits - continued

b) Disability Income Plans

Employees of the RHA Participate in one of the following disability income plans, administered by 3SHealth.

1. General established in 1975
2. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017			2016
	SUN	General	Total	Total
Number of Active Members	243	183	426	419
Member Contribution rate, percentage of salary	0.69%	0.60-0.65%*		
RHA contribution rate, percentage of salary	0.81%	0.65-0.70%*		
Member contributions (thousands of dollars)	115	99	214	221
RHA contributions (thousands of dollars)	135	100	235	243

* Contribution Rate Varies

c) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate	2.40%	1.90%
Earnings Increase	0%-2%	0%-2%

	2017	2016
Accrued benefit obligation, beginning of year	$ 4,099,700	$ 4,092,500
Cost for the Year		
Current period benefit costs	536,400	496,500
Interest Expense	99,900	84,300
Actuarial (gains) losses	17,700	38,600
Benefits paid during the year	(612,300)	(612,200)
Accrued benefit obligation, end of year	$ 4,141,400	$ 4,099,700

11. Budget

The RHA Board approved the 2016-2017 budget plan on July 13, 2016.

12. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

		2017		2016
Cash and short-term investments	$	15,205,432	$	16,206,380
Accounts receivable				
Ministry of Health - General Revenue Fund		743,718		3,252,487
Other		2,293,386		3,182,883
Investments		1,285,843		1,273,886
	$	19,528,379	$	23,915,636

12. Financial Instruments - continued

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates, will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment

i) Foreign Exchange Risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest Rate Risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include long-term bonds bearing interest at coupon rates. The RHA's long-term debt outstanding as at March 31, 2017 and 2016 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2017, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $68,000, (2016 - $55,000) approximately 5% of the fair value of investments (2016 – 4%).

12. Financial Instruments - continued

c) Liquidity Risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2017 the RHA has an operating cash balance of $7,299,120 (2016 - $10,425,609).

f) Fair Value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- Cash and short-term investments
- Accounts receivable
- Accounts payable
- Accrued salaries and vacation payable

The carrying amount of investments approximates their fair value as interest rates are consistent with current market rates.

The fair value of long term debt before the repayment required within one year is $7,460,226 (2016 - $8,395,344) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

g) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2016 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit was $0 (2016 - $0).

13. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Authority presently administers $3,533,709 (2016 - $3,750,722) under these agreements.

13. Community Generated Funds - continued

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

14. Energy Performance Contract

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduces energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Kelsey Trail Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $4,861,669. As at March 31, 2017, construction costs of $4,785,198 (2016 - $4,785,198) have been financed through a $4,861,669 long-term debt loan with a balance of $3,457,686 outstanding (2016 - $3,680,784), which bears interest at a rate of 5.33%. The long-term debt is amortized over a period of 18.5 years.

Results of the energy renewal project since its inception are:

	2017	Prior Years	Total
Estimated Utility Savings	394,983	2,071,014	2,465,997
Interest Costs	190,788	1,474,878	1,665,666

15. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

16. Collective Bargaining Agreements

The Saskatchewan Government Employees Union (SGEU) contract expired March 31, 2017. The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018.

17. Restructuring

The Government of Saskatchewan has announced its intention to consolidate the province's twelve existing Regional Health Authorities, including Kelsey Trail Regional Health Authority, into one single Provincial Health Authority. The consolidation is expected to occur in the Fall 2017. Kelsey Trail Regional Health Authority will be amalgamated into the new Provincial Health Authority and it is expected its assets, liabilities, and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2017

Schedule 1

	Budget 2017	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 86,634	$ 36,980	$ 48,861
Board costs	75,960	58,589	68,621
Compensation - benefits	15,295,370	15,887,366	14,689,805
Compensation - employee future benefits	-	41,700	7,200
Compensation - salaries	77,485,098	78,284,889	78,858,905
Continuing education fees & materials	118,219	164,462	182,753
Contracted-out services - Other	273,571	253,437	260,919
Diagnostic imaging supplies	10,953	5,387	5,893
Dietary supplies	144,282	155,008	156,462
Drugs	718,494	702,057	755,200
Environmental Remediation	-	-	-
Food	1,980,439	1,883,244	1,893,458
Grants to ambulance services	3,735,723	3,657,288	3,346,028
Grants to health care organizations & affiliates	812,437	785,096	720,769
Housekeeping & laundry supplies	352,426	354,717	315,944
Information technology contracts	1,143,355	907,557	728,252
Insurance	251,000	242,875	242,347
Interest	209,245	201,039	210,563
Laboratory supplies	1,127,143	1,089,058	1,020,078
Medical & surgical supplies	2,826,955	2,937,288	2,921,591
Medical remuneration & benefits	10,534,467	10,110,037	10,525,403
Meetings	78,951	65,740	81,068
Office supplies & other office costs	448,081	459,031	445,618
Other	429,765	768,255	510,104
Professional fees	994,030	1,098,503	1,036,762
Prosthetics	-	-	-
Purchased salaries	486,000	639,880	1,065,845
Rent/lease/purchase costs	1,405,751	1,456,175	1,482,273
Repairs & maintenance	1,625,715	1,499,436	1,362,696
Supplies - Other	355,410	365,899	452,349
Therapeutic supplies	-	-	-
Travel	1,317,972	1,302,005	1,358,574
Utilities	2,368,556	2,066,882	2,095,158
Total Operating Expenses	$ 126,692,002	$ 127,479,880	$ 126,849,499
Restricted:			
Amortization		$ 4,777,653	$ 4,750,211
Loss/(Gain) on disposal of fixed assets		84,049	30,392
Mortgage Interest Expense		97,352	114,528
Other		45,912	20,877
		$ 5,004,966	$ 4,916,008

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2017

Schedule 2

		Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*					
Cash and Short Term					
Chequing and Savings					
Cornerstone Credit Union - Tisdale	$	7,614,712			
Diamond North Credit Union		47,600			
	$	7,662,312			
Term Deposits:					
		-			
	$	-			
Total Cash & Short Term Investments	$	7,662,312			
Long Term					
		-			
Total Long Term Investments	$	-			
Total Restricted Investments	$	**7,662,312**			
Unrestricted Investments					
Cash and Short Term					
Accent Credit Union - Kelvington	$	4,019			
Affinity Credit Union - Hudson Bay		12,307			
Affinity Credit Union - Melfort		33,892			
Cash on Hand		7,236			
Cornerstone Credit Union - Short Term		326			
Cornerstone Credit Union - Tisdale		7,425,049			
Diamond North Credit Union		57,840			
Porcupine Credit Union		2,451			
Total Cash & Short Term Investments	$	7,543,120			
Long Term					
Bonds	$	1,285,843	Various	Variable	
Total Long Term Investments	$	1,285,843			
Total Unrestricted Investments	$	**8,828,963**			
Total Investments	$	**16,491,275**			
Restricted & Unrestricted Totals					
Total Cash & Short Term	$	15,205,432			
Total Long Term		1,285,843			
Total Investments	$	**16,491,275**			

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2017

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses/ Transfers	Capital Expenses	Balance End of Year
Community Services	$ 115,132	$ 1,272	$ -	$ -	$ (11,520)	$ 104,884
Edith Campbell Bursary	29,348	324	-	-	-	29,672
Hudson Bay Health Care Facility	334,353	4,429	174,624	-	-	513,406
Kelvindell Lodge	127,593	1,133	7,733	-	-	136,459
Kelvington Hospital	158,180	1,322	5,260	(110,000)	-	54,762
Newmarket Place	234,552	2,560	485	(26,616)	-	210,881
Pam Worley Bursary	648	6	-	(157)	-	497
Porcupine Plain Hospital	505,566	5,719	18,660	-	(7,683)	522,262
Ralston Medical Research	530,481	5,816		(32,344)	-	503,953
Red Deer Nursing Home	36,202	416	3,517	-	-	40,135
Rose Valley Health Centre	84,035	926		(500)	-	84,461
Tisdale Hospital	1,437,972	15,251	125,710	(430,500)	-	1,148,433
Tisdale Hospital - Dialysis Unit	156,660	1,831	25,413	-	-	183,904
Total Community Trust Fund	**$ 3,750,722**	**$ 41,005**	**$ 361,302**	**$ (600,117)**	**$ (19,203)**	**$ 3,533,709**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses/ Transfers	Capital Expenses	Balance End of Year
Ministry of Health Initiatives	(Note 17)					
Ministry of Health - Block Funding	$ 91,024	$ -	$ 750,000		$ (440,273)	$ 400,751
Ministry of Health - Capital Equipment	178,569	-	235,000		(229,959)	183,610
Ministry of Health - Capital Projects	1,521,359	304,514	1,957,975	1,541,757	(5,316,515)	9,090
Ministry of Health - CT Project	429,400	-	-	-	-	429,400
Ministry of Health - Radiology Equipment	383,763	740,500	-	540,500	(1,661,566)	3,197
Ministry of Health - Safety and Surgical	145,974	-	-	-	-	145,974
Total Ministry of Health	$ 2,750,089	$ 1,045,014	$ 2,942,975	$ 2,082,257	$ (7,648,313)	$ 1,172,022
Non Government of Saskatchewan Initiatives						
Other	$ 42,993	$ 178,712	$ -	$ -	$ (186,809)	$ 34,896
Total Non Government of Saskatchewan Initiatives	$ 42,993	$ 178,712	$ -	$ -	$ (186,809)	$ 34,896
Total Capital Fund	**$ 2,793,082**	**$ 1,223,726**	**$ 2,942,975**	**$ 2,082,257**	**$ (7,835,122)**	**$ 1,206,918**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 6,543,804**	**$ 1,264,731**	**$ 3,304,277**	**$ 1,482,140**	**$ (7,854,325)**	**$ 4,740,627**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2017

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
Replacement Reserves						
Arborfield Special Care Home	$ 135,235	$ 7,455	$ -	$ -	$ (7,907)	$ 134,783
Chateau Providence	78,025	841	7,750	-	(3,075)	83,541
Kelvindell Lodge	75,211	785	14,367	-	(9,869)	80,494
Newmarket Place	38,832	291	159,816	-	(18,921)	180,018
Pineview Lodge	39,116	350	89,135	-	(39,630)	88,971
Red Deer Nursing Home	55,262	611	-	-	-	55,873
Total Replacement Reserves	$ 421,681	$ 10,333	$ 271,068	$ -	$ (79,402)	$ 623,680
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	11,353	6,020	-	(7,297)	-	10,076
Activities - Carrot River	33,383	8,230	-	(5,614)	-	35,999
Ambulances	57,577	694	200,000	-	-	258,271
Capital	1,523,480	68,764	631,202	(27,981)	(362,752)	1,832,713
Cumberland House Health Centre	49,070	497	7,500	-	-	57,067
Cumberland House Home Care	2,059	22	-	-	-	2,081
Hudson Bay Health Care Facility	45,212	500	5,080	-	-	50,792
Nirvana Pioneer Ville	71,198	788	48,082	-	-	120,068
Palliative Home Care	1,511	14	-	-	-	1,525
Parkland	184,614	1,916	33,344	-	(28,350)	191,524
Pasquia Special Care Home	63,499	703	-		-	64,202
Rose Valley Health Centre	90,879	1,005	8,111	-	-	99,995
Nipawin Clinic	-	-	1,000	-	-	1,000
Kelvington Physician Equipment	-	4,774	2,025	-	-	6,799
Tisdale Joint Use Facility	6,323	69	290	-	-	6,682
Total Capital	**$ 2,561,839**	**$ 104,329**	**$ 1,207,702**	**$ (40,892)**	**$ (470,504)**	**$ 3,362,474**
Operating						
Other Internally Restricted Funds	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total Internally Restricted Funds	**$ 2,561,839**	**$ 104,329**	**$ 1,207,702**	**$ (40,892)**	**$ (470,504)**	**$ 3,362,474**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2017

Schedule S(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2017 TOTAL	2016 TOTAL
Chairperson								
Rennie Harper	$ 9,960	$ 11,896	$ 5,735	$ -	$ -	$ -	$ 27,591	$ 29,375
Board Member								
Clarence Hendrickson	-	4,825	2,327	-	-	-	7,152	13,004
Darrell Guy[1]	-	50	-	-	-	-	50	4,023
Dennis Koch	-	2,834	351	-	-	-	3,185	3,616
Frank Garchinski[1]	-	-	-	-	-	-	-	1,590
Gordon Cresswell	-	1,525	143	-	-	-	1,668	1,901
Kathleen Bedard	-	1,790	451	-	-	45	2,286	3,298
Nancy Steinbachs	-	2,625	864	-	-	-	3,489	4,060
Richard Radom	-	3,450	1,870	-	-	131	5,451	6,378
Tracy Slobodian	-	3,562	1,803	-	-	116	5,481	2,277
Robert Mardell	-	3,250	1,994	-	-	114	5,358	3,686
TOTAL	**$ 9,960**	**$ 35,807**	**$ 15,538**	**$ -**	**$ -**	**$ 406**	**$ 61,711**	**$ 73,208**

1. Term ended December 12, 2015

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2017

Schedule 5 (b)

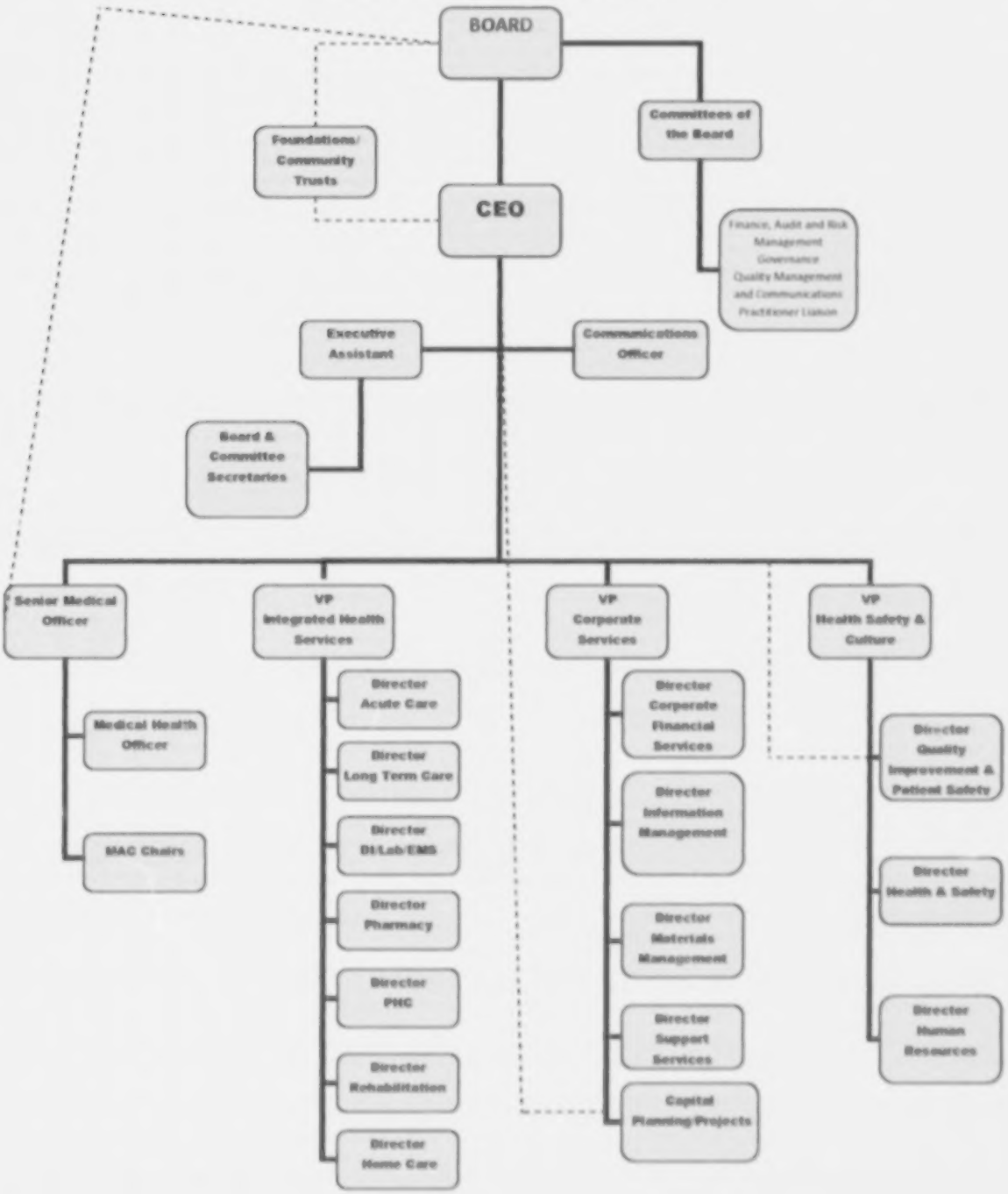
	2017							2016		
Senior Employees	**Salaries[1]**	**Vacation Payout[1]**	**Sub-total (Total Salaries)**	**Benefits and Allowances[2]**	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances[1,2]**	**Severance**	**Total**
Shane Morrison, CEO	$ 271,564	$ 19,767	$ 291,331	$ 60	$ 291,391	$ -	$ 291,391	$ 254,822	$ -	$ 254,822
Senior Positions:										
Pam McKay	219,608	22,438	242,046	870	242,916	-	242,916	228,507	-	228,507
VP Institutional Health Care										
Connie Glazier	163,054	16,658	179,712	60	179,772	-	179,772	157,921	-	157,921
VP Corporate Service										
Lyle Bitman	163,054	-	163,054	1,079	164,133	-	164,133	158,731	-	158,731
VP Health, Safety & Culture										
Dr. Jordan Wingate	153,528	-	153,528	3,600	157,128	-	157,128	139,656	-	139,656
VP Medical Services & Chief of Staff										
Total	**$ 970,808**	**$ 58,863**	**$ 1,029,671**	**$ 5,669**	**$ 1,035,340**	**$ -**	**$ 1,035,340**	**$ 939,637**	**$ -**	**$ 939,637**

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. Senior employee will receive 100% of their base salary for 2014-15 to 2016-17. For further details refer to Note 15 - Pay for Performance.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Appendices

2016-17 Organizational Chart



KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2017

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Personal Services

Aasen, Corey	$71,404.27	Bailey, Trenna	$72,862.59
Aasen, Tammy	74,565.88	Ballendine, Laurie	64,002.39
Aasen, Ward	67,821.12	Baptist, Farrah	72,562.17
Abot, Normaylyn	51,432.32	Baraniski, Brenda	50,546.16
Adames, Oralee	83,279.89	Baraniski, Constance	51,819.32
Adams, Eutemia	54,811.89	Barlow, Linda	126,023.93
Agbesi, Cleofelyn	54,523.11	Barne, Amber	105,323.73
Agur, Jennifer	96,186.63	Batiuk, Carlina	51,989.07
Agustin, May	52,333.12	Bayne, Bonny	55,190.41
Akpan, James	84,360.91	Beaulieu, Sharon	93,954.78
Alexander, Laura	78,772.45	Bedard, Tracy	90,130.50
Anderson, Christie	65,873.52	Beecher, Clint	76,239.71
Anderson, Penny	99,122.73	Bharot, Jaspreet	80,971.59
Andrus, Angela	100,967.67	Bigelow, Sharyl	65,949.50
Anstey Teichroeb, Kelly	82,646.92	Bischoff, Carrie	74,934.84
Argent, Maryann	51,498.33	Bittman, Lyle	163,053.95
Arneson, Anna	93,272.59	Bitzer, Denise	76,440.61
Assie, Ramona	101,588.60	Boehm, Donna	50,311.64
Atkings, Deborah	86,087.77	Boen, Angela	71,057.56
Atkinson, Lorette	77,933.11	Bohachewski, Amanda	50,609.40
Audette, Debra	62,051.91	Bohachewski, Brenda	58,835.34
Baes, Angelita	52,816.51	Bohaychuk, Vickie	67,129.42

Bokdur, Jennifer	75,481.83	Casavant, Janice	65,156.02
Bonsan, Roxane	89,491.59	Casemore, Terrah	74,724.16
Bonsa, Brooklynn	55,977.09	Chabot, Catherine	81,359.19
Bonsa, Shannon	81,740.42	Chabot, Chelsey	83,272.74
Boughen, Janice	85,939.47	Chaboyer, Sheila	75,439.20
Bouwer, Gisele	93,032.34	Chadek, Angela	52,855.50
Bovell, Lia	146,532.71	Chapman, Jeannine	72,097.95
Bratten, Lynda	76,173.20	Charbonneau, Susanne	72,817.05
Bradley, Margaret	96,231.82	Charko, Jessie	62,741.34
Bradshaw, Rochelle	50,960.77	Chatfield, Patty	52,170.05
Brakstad, Lyndsay	71,402.19	Chorney, Jessica	78,507.03
Brakstad, Terry	77,599.69	Christianson, Monique	50,789.85
Bronner, Jandi	65,121.03	Chrusch, Garry	75,923.10
Bronner, Tanis	67,058.06	Chrusch, Maureen	95,386.51
Brooks, Leslie	84,050.22	Chubak, Rachelle	60,629.22
Broqueza, Emely	51,452.81	Clark, Sheena	52,209.37
Brothwell, Linda	115,696.06	Clark, Thomas	103,765.65
Brown, Chase	63,244.82	Clarke, Janice	96,866.05
Brown, Tammy	61,421.55	Claypool, Renee	109,618.42
Bryson, Dennis	84,782.49	Cleaveley, Maria	79,943.87
Buchanan, Bobbi-Jea	53,258.47	Clerigo, Desiree	81,731.53
Buhler, Jessie	107,754.46	Clerigo, Lorna	57,084.65
Burghardt, Shelley	69,374.39	Clunie, Rhonda	51,259.46
Burtnick, Mackenzie	68,693.81	Code, Jacquelin	73,540.49
Burton, Violet	96,785.36	Cole, Betty	60,436.47
Buyalski, Peggy	91,561.67	Coleman, Elise	62,798.21
Cal, Shelly	152,858.44	Cosh, Deena	55,501.19
Campbell, Lavina	53,300.47	Cressman, Trudy	96,570.37
Campbell, Quentin	55,708.18	Crickett, Donna	107,018.19
Campbell, Vivian	121,842.63	Cross, Danielle	108,688.99
Carbarton, Dana	82,527.49	Cross, Debbie	79,917.79
Carlson, Sandra	95,314.10	Cunningham, Leanne	99,276.73
Carolus, Andrew	85,103.08	Currie, Debra	69,183.35

Curry, Brooke	104,315.49	Ericson, Rayleen	55,728.16
Curry, Jennifer	50,981.46	Ernst, Raeann	89,026.59
Dagg, Arlene	73,307.89	Espenant, Rodney	110,566.52
Dahl, Sherry	101,379.92	Ewen, Linda	70,253.13
Daoust, Roxane	92,464.67	Ewen, Sandy	80,498.65
Davies, Bonita	53,982.94	Fagnou, Bettylou	97,509.53
Davis, Andrea	76,943.97	Fannon, Lee Ann	106,844.92
Day, Karen	85,558.81	Farber, Tracy	115,696.06
De Haan, Sonya	98,564.80	Fawcett Parkman, Carol	55,982.26
Delaet, Erin	82,963.90	Fawcett, Jeffrey	97,263.86
Demarsh, Terry	88,630.41	Fecke, Beatrice	53,306.99
Derbowka, Colleen	59,275.77	Fedorychka, Jennifer	58,266.16
Derenowski, Carmen	53,290.12	Ferguson, Terrilynn	102,848.65
Derksen, Michelle	50,773.69	Ferre, Arien	80,118.45
Dierker, Christine	95,087.35	Fidyk, Melanie	108,005.34
Dobrinski, Barb	107,787.67	Fielder, Lori	66,979.66
Dobrowolski, Catherine	63,928.01	Findlay, Diana	50,483.35
Dobson, Tina	98,406.84	Firman Depeel, Christine	107,259.60
Donald, Ronda	115,696.05	Flamand, Sonia	70,559.38
Doucette, Natalie	113,458.14	Fockler, Stephanie	68,922.13
Douslin, Sharon	78,734.05	Folden, Deanna	74,460.85
Drake, Chantelle	88,669.03	Ford, Kelly	75,594.53
Draude, Pattie	91,102.73	Foskett, Jamie Lee	78,174.07
Drotar, Lynnette	69,649.77	Foster, Maryanne	92,866.16
Dudar, Yvette	50,167.97	Fox, Wendy	93,252.58
Duerksen, Loretta J	56,511.57	Francais, Maureen	57,713.59
Duong, Mary	64,936.39	Francis, Anthony	85,263.10
Durant, Sarah	77,884.75	Franklin, Karri	115,696.05
Eckert, Cindy	64,181.28	Friesen, Dwayne	87,686.36
Edwards, Shelly	96,403.75	Frisky, Sharon	115,608.55
Ens, Evan	84,655.33	Fritshaw, Candice	71,931 65
Epino-Lao, Adelfa	51,527.48	Froese, Margaret	61,909.38
Erickson, Bonnie	57,600.75	Fullerton, Natasha	71,739.86

Funk, Rebecca	80,277.84
Galucan, Carolyn	106,879.21
Garchinski, Kimberley	87,845.97
Garland, Stephanie	97,689.66
Geck, Denise	112,959.02
Genik, Heather	105,323.80
George, Myrna	73,217.73
Gessner, Mary	72,562.07
Getachew, Eyoueal	73,923.73
Glaves, Connie	179,712.30
Glister, Sherrie	75,684.79
Gooliaff, Dolores	74,226.07
Gordon, Amanda	59,615.26
Gordon, Ardis	72,480.57
Gordon, Jessica	59,164.42
Gray, Raymond	66,187.77
Gray, Shawna	89,763.20
Greenfield, Keely	68,053.18
Gudnason, Douglas	94,372.07
Gustafson, Joanne	50,508.57
Hackett, Debbie	50,140.06
Hage, Barbara	74,160.81
Hainstock, Donna	84,655.34
Hall, Jeanine	52,054.81
Hall, Judy	51,541.56
Hall, Michelle	73,084.69
Halvorsen, Elaine	105,428.17
Hampton, Bonnie	111,669.37
Hancock, Jason	80,934.86
Hancock, Tracie	71,640.80
Hanson, Candice	80,753.34
Harasymuk, Brian	137,152.38
Harbicht, Faye	84,655.34
Harper, Joyce	51,746.09
Hartman, Leanne	58,570.75
Haugerud, Amanda	74,113.74
Haugo, Aline	78,797.18
Hawryluk, Susan	67,049.86
Hayduk, Michael	84,610.40
Hayworth, Beverly	78,109.90
Heatherington, Breann	78,281.79
Hedin, Cody	94,546.62
Hedin, Kimberly	56,137.54
Hemingson, Linda	55,911.04
Henderson, Elaine	101,481.17
Herbert, Chelsea	89,642.35
Heron, Maureen	83,891.93
Hewitt, Anna Dawn	122,028.12
Hidlebaugh, Michael	65,915.25
Hiebert, Gillian	90,674.62
Hiebert, Jessi	89,866.61
Hiebert, Kari	71,273.07
Hiebert, Shelley	55,798.60
Hilkewich, Jocelyn	52,781.11
Hill, Cindy	61,613.97
Hinz, Lori	94,292.43
Hirsch, Jana	89,136.45
Hobbins, Tim	108,997.78
Hoess, Jessica	58,515.93
Hoffus, Marianna	74,967.05
Hood, Megan	68,876.82
Hooge, Melissa	77,126.09
Hosaluk, Jo Elle	55,491.38
Howse, Wendy	70,348.99
Hoyt, Catherine	52,812.58
Hrebeniuk, Renee	56,005.81

Hrenkiw, Collette	56,792.51	Kolodinsky, Charleen	57,968.01
Hrychuk, Michelle	79,097.29	Kolybaba, Amanda	79,905.61
Huff, Ashley	68,055.91	Kolybaba, Cindy	50,420.57
Hughes, Tracy	104,611.94	Koroll, Jarod	90,153.22
Hunt, Stacey	99,882.47	Kosokowsky, Louise	89,088.66
Ingham, Tanya	77,083.96	Kovach, Tammy	111,812.01
Isberg, Kathie	54,897.69	Kovacs, Coral	110,761.73
Jackson, Vanessa	65,181.35	Kowal, Joell	75,684.81
Jeffrey, Audrey	58,166.54	Kowal, Louise	112,028.33
Johnson, Bonnie	113,682.24	Kowalyk, Leah	64,173.95
Johnson, Marilyn	56,022.96	Kozun, Tamara	89,589.28
Johnson, Melanie	50,306.10	Kuhlberg, Sylvia	70,298.73
Jones, Judy	83,199.18	Kushniruk, Noreen	50,737.50
Jose, Noela	50,157.46	Kwasney, Laurie	108,705.81
Kajner, Judy	54,324.61	Kwochka, Jessica	68,249.50
Kajner, Neelie	71,633.15	Lalonde, Deborah	98,954.41
Kapacila, Janice	97,620.91	Lamont, Audrey	75,664.36
Kapeller, Eliza	90,715.81	Larson, Janelle	97,789.68
Kay, Whitney	63,140.27	Le Grand, Mildred	57,968.10
Keeping, Ruth	56,196.72	Lebras, Jacey	64,301.14
Kehrig Chometsky, Mary	56,851.11	Lechler, Pamela	69,182.72
Khan, Mohammad	251,366.92	Lee, Ken	84,649.49
Kiefer, Marilyn	121,550.25	Lee, Roxanne	93,817.95
Kinch, Derek	56,662.51	Leek, Brenda	77,575.92
King, Elaine	51,604.96	Lerat, Nicole	58,277.02
King, Glenn	70,713.47	Lidster, Cheryl	55,111.09
Kirkland, Sherrie	86,445.45	Lindsay, Alisa	86,721.76
Kistner, Wendy	58,400.21	Lindsay, Joanne	70,712.99
Kiteley, Wanda	87,108.42	Lindsay, Lynda	76,982.52
Kittler, Derek	75,650.03	Lindsay, Maureen	70,758.45
Kmiecik, Lonny	62,667.68	Lipka, Sharon	59,827.12
Knudsen, Irene	78,841.42	Little, David	84,665.33
Kochan, Terri-Lynn	60,189.18	Logan, Kim	107,615.96

Lopez, Christian	53,128.45	McShannock, Nancy	77,971.26
Love, Nicolette	106,590.69	McWillie, Greg	145,210.38
Lueken, Linda	105,610.28	Melrose, Beverly	77,303.57
Lukaszuk, Lucy	64,001.05	Menzies, Annette	72,417.07
Lummerding, Michael	101,025.69	Merriman, Shane	291,331.07
Lundy, Jody	92,345.80	Messner, Janice	110,758.93
Lutz, Tammy	65,514.40	Mevel Degerness, Nadine	115,695.99
Mackie, Carmen	95,765.39	Meyer, Kathleen	105,323.79
Mahon, Sherry	74,535.57	Meyers, Candace	79,424.92
Mahussier, Wanda	92,995.85	Meyers, Stacey	106,674.07
Major, Lisa	121,842.58	Michaliew, Alison	55,311.93
Mamer, Francoise	79,152.70	Michayluk, Mark	56,648.21
Mansiere, Shaye	52,343.38	Miller, Margaret	114,173.18
Marshak, Audrey	61,217.62	Milne, Paige	53,287.55
Marshall, Howard	55,615.23	Misskey, Lisa	96,419.54
Martens, Lesley	64,579.71	Mitchell, Trent	137,152.89
Martin, Cindy	81,975.11	Moffatt, Glenda	76,518.58
Martin, Kade	79,367.49	Molnar, Kevin	79,169.19
Martin, Pauline	100,989.25	Molnar, Pamela	97,205.06
Mathesonboe, Dana	50,581.86	Moneta, Shari	54,448.71
Matias, Jennifer	51,055.21	Montemayor, Lilibeth	51,022.65
Matiasz, Tammy	89,300.93	Mooney, Marlys	82,449.14
Mayerle, Alyza	60,861.26	Moore, Crystal	63,064.70
McCorriston, Heather	51,587.92	Moore, Nicolette	87,443.44
McCreadie, Stacey	90,232.43	Moorman, Tina	67,135.40
McEwan, David	81,826.00	Moulton, Tanya	103,469.58
McEwan, Gordon	68,604.40	Musselman, Leanne	77,990.84
McEwen, Stacie	69,700.13	Mutimer, Candice	52,995.50
McFarlane, Lana	53,069.47	Naber, Colleen	108,168.90
McKay, Pamela	242,045.51	Nagano, Marlene	109,065.43
McKee, Kara	56,836.96	Nagano, Myla	97,726.01
McLaren, Terri	92,317.35	Nagy, Garnet	99,547.44
McPherson, Elaine	85,803.33	Nagy, Karen	51,289.76

Nagy, Stacey	71,975.25	Paredes, Clarisse	55,650.56
Nakonieczny, Ada	59,555.09	Parlee, Tammy	105,323.74
Nakonieczny, Lerissa	53,711.45	Paskell, Darla	65,038.61
Nanaquewetung, Lesley	75,601.60	Patenaude, Judy	81,562.68
Neigel, Cindy	88,179.42	Patterson, Trudy	55,309.49
Neigel, Sarah	94,923.38	Penner, Andrea	52,725.82
Neiszner, Tanya	105,316.24	Penner, Joanne	71,741.04
Nelson, Michele	75,995.65	Perrault, Linda	97,685.63
Nelson, Shalamar	93,223.30	Perrault, Roxanne	74,778.87
Neu, Monica	73,345.70	Perron, Stacey	79,863.34
Neufeld, Anjie	88,172.53	Peters, Erin	79,151.11
Newbery, Donna	53,678.20	Peters, Richard	123,529.64
Nicholls, Joanne	53,396.27	Peters, Sharon	108,399.70
Nickel, Jennifer	53,482.46	Peterson, Linda	101,154.39
Nickel, Rhonda	117,395.70	Philipation, Ryan	100,334.09
Nicklefork, Ryan	78,424.56	Phillips, Angela	57,967.99
Nordmarken, Kimberly	55,774.13	Pickett, Laura	53,126.25
Nordstrom, Jeanne	93,706.41	Pohl, Christine	115,696.03
Nordstrom, Paulette	64,613.85	Pohl, Curtis	95,671.27
Nosbush, Diane	50,506.45	Pohl, Jennifer	69,452.10
Nygaard, Sarah	64,244.94	Pratt, Laureen	75,610.21
Nyirenda, Julien	114,824.98	Prefontaine, Holly	56,255.11
O'Flanagan, Cheryl	71,744.98	Puno, Mary Rose	55,793.97
O'Flanagan, Linda	54,676.15	Radke, Robert	63,301.76
Oleksyn, Shayne	69,195.88	Radloff, Jennifer	106,395.06
Ollinger, Monique	101,490.20	Ralph, Diane	54,091.28
Olson, Dinah	82,607.21	Ramales, Grace	86,388.97
Olson, Patricia	113,124.47	Randall, Allix	70,831.74
Orchard, Karla	72,883.90	Ratcliffe, Peggy	84,655.31
Osei-Boadi, Emmanuel	76,234.91	Reed, Lorry	95,857.20
Ottmann, Cindy	50,534.05	Reid, Jill	108,920.37
Ouellett, Jaslyne	70,291.02	Reyes, Jennifer	51,553.12
Pappenfoot, Christine	99,466.82	Riddoch, Debra	50,014.41

Riemer, Christina	103,229.26
Rindero, Meghan	62,107.51
Robertshaw, Amy	81,604.51
Robertson, Rita	85,948.73
Robichaud, Susan	92,527.24
Robin, Rosanne	89,127.28
Rogalski, Leanne	52,992.18
Rogers, Candace-R	79,909.10
Rollo, Xander Ly	78,281.90
Romaniuk, Trina	85,470.40
Romanow, Jodi	96,978.27
Rosas, Joy Basil	91,461.46
Rosencrans, Randi	71,570.82
Rudy, Tara	70,452.28
Runn, Diane	93,428.71
Rutherford, Ann Marie	53,053.85
Rybinski, Kristen	59,717.49
Saini, Parminder	73,510.80
Sales, Josie	105,393.56
Samida, Lorie	84,654.82
Sauer, Teresa	54,998.82
Saufert, Karla	55,990.37
Scaife, Stephanie	81,668.44
Scheidl, Carol	75,456.31
Schlechte, Kristin	104,577.97
Schmaltz, Carlene	98,609.69
Schmidt, Tanya	50,006.65
Schmitt, Brianne	54,244.47
Schmitt, Joyce	62,703.62
Schoettler, Melanie	91,852.03
Schwan, Kailey	65,096.52
Scott, Kaeli	83,605.79
Scutchings, Jodie	76,864.41
Seiferling, Sheila	112,235.45
Semko, Megan	79,027.03
Senecal, Agnes	50,625.11
Senecal, Jean	95,393.82
Serhan, Debbie	69,018.62
Shiels, Patricia	66,947.92
Shrestha, Rajeena	73,635.84
Shreve, Lisa	78,536.23
Siddons, Sandra	57,968.03
Simon, Fallon	66,929.17
Simoneau, Renee	138,600.36
Simonson, Wendy	52,409.66
Skiftun, Sarah	96,162.19
Skilliter, Dianne	102,170.36
Skjerpen, Chad	75,405.96
Slobodzian, Fred	123,538.86
Smears, Wanda	74,120.20
Smetaniuk, Tracey	72,950.31
Smith, Debbie	72,474.02
Smith, Diane	70,994.69
Sochaski, Linda	56,530.00
Soonias, Myrna	65,949.48
Sorestad, Tracy	67,162.26
Soulier, Avalene	95,230.55
South, Melissa	90,056.25
Spencer, Jessie	57,237.60
Sprackman, Michelle	105,058.79
Spratt, Coralie	57,473.93
Stadnek, Sonja	90,471.06
Starcevich, Jorin	62,629.18
Stensrud, Colleen	62,918.62
Stevenson, Barbara	99,871.60
Stevenson, Cheryl	89,044.80

Stewart, Geoff	76,501.01
Stoll, Katherine	52,684.19
Strasser, Jessie	51,011.84
Street, Faye	96,334.92
Strnad, Amanda	77,834.29
Stroeder, Kellie	117,121.17
Stroeder, Kyle	111,950.72
Styan, Cathy	65,949.48
Summach, Jared	51,758.44
Sundelin, Jacquelin	68,464.36
Sundelin, Robin	57,947.05
Swider, Darcy	51,462.71
Szucs, Denise	59,396.03
Taylor, Tammy	79,699.03
Tesber, Tanya	61,048.40
Teschreb, Rhonda	77,097.52
Thevenot, Karen	55,607.31
Thibodeau, Terry	76,122.33
Thiessen, Corey	91,351.59
Thomas, Krista	57,968.07
Thornbert-Kutni, Tammy	64,398.42
Thorpe, Cheri	73,124.94
Tkachuk, Lori Ann	53,086.45
Torrance, Kristen	52,415.75
Tosh, Lee	93,954.78
Townsend, Jenna	66,005.56
Townsend, Lorna	81,787.54
Trombley, Christine	72,412.96
Trombley, Sandi	63,210.31
Turcotte, Heather	78,598.96
Tyndall, Norma	54,897.23
Uhryn, Chantel	99,401.57
Unger, Catherine	106,841.46
Valeroso, Merla	59,540.35
Van Den Bossche, Michelle	86,348.18
VanCamp, Jackie	105,320.89
Vandeveen, Gloria	85,014.96
Vhal, Leeann	65,566.59
Wall, Christa	65,949.63
Wallin, Shauna	63,161.41
Walter, Darin	140,001.99
Warriner, Valerie	130,649.50
Wassill, Pamela	70,691.10
Watson, Jennifer	91,194.93
Watt, Anita	105,323.78
Webster, Paige	53,947.91
Wehrkamp, Mary Jane	55,598.40
Weiman, Blair	94,712.50
Weseen, Sandra	117,462.44
Wesnoski, Barbara	96,534.29
White, Dale	67,601.87
White, Dayna	55,342.65
White, Tanya	58,803.87
Whitehead, Merna	64,872.21
Wicks, Wendy	50,013.12
Wiebe, Kara	68,596.08
Wilson, Cheri	95,439.84
Wilson, Doris	88,210.70
Wozniak, Deborah	71,744.78
Yaholnitsky, Pearl	102,696.36
Yaremy, Carol	51,866.39
Yeo, Charles	93,954.78
Zip, Leanne	64,247.59

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3S Health (SAHO)	$4,569,127.00	CSI Leasing Canada Ltd	212,310.86
Access Communications	56,052.69	Devin Ritter Medical Prof Corp	154,758.52
Advantage Roofing	56,353.50	Diverse Systems Ltd	133,166.60
AGFA Healthcare Inc	183,348.64	Diversey Canada	136,203.86
AMO Canada Company	148,399.80	DMA Building Services Ltd	74,737.00
Archerwill Local # 58	187,707.98	Dr. Abosede Adesina	277,950.02
Arjohuntleigh	319,569.83	Dr. Adedeji Kalejaiye	331,575.20
Associate Radiologists of Saskatoon	339,271.13	Dr. Adeyemi Laosebikan	78,243.89
Automotive Resources International	538,211.69	Dr. Assumpta Efobi	147,850.30
Baxter Corporation	68,769.67	Dr. Barinder Brar	162,020.80
Beckman Coulter Canada LP	83,427.32	Dr. Breanne Silver	143,239.71
Big A Contracting	78,403.49	Dr. Bronwyn Carroll	294,728.75
Biomerieux Canada Inc	94,273.19	Dr. Charles Orhadje	338,559.36
Bunzl Distribution Inc	57,400.02	Dr. Dale Peffer	98,115.15
Canadian Corps of Commissionaire	132,597.63	Dr. Danielle Desjardins	76,398.13
Cardinal Health Canada	328,058.81	Dr. Eben Strydom	64,180.02
Carrot River Medical Clinic Inc	69,498.00	Dr. Eleanor Francis	345,224.08
CDW Canada Inc	194,599.37	Dr. Herbert Medical Prof Corp	308,337.58
Charles Yeo	76,564.08	Dr. Ighodalo Collins Omondiagbe	283,968.30
Chief Medical Supplies Ltd	68,609.94	Dr. Jordan Wingate	169,318.00
Chitt-Tronics Ltd	191,552.19	Dr. Jules Bofoya	140,852.90
Chupa Trucking & Excavating Ltd	77,784.50	Dr. Juliana Van Jaarsveld	127,594.39
City Of Melfort	89,362.28	Dr. Kayode Olutunfese	341,273.96
College of American Pathologists	56,743.36	Dr. Mariusz Gurgul	128,232.00
Covidien	131,867.15	Dr. Melissa Fillis	356,481.46
CPDN/RCDP	$141,732.83	Dr. Michael Stoll	71,678.56

Dr. Moses Mafowosofo Medical Prof Corp	253,962.16
Dr. Neville Van Der Merwe	375,457.43
Dr. Nkeme Eke Medical Prof Corp	304,850.38
Dr. Okezie Nweze	349,102.00
Dr. Olawumi Adeleke	126,083.76
Dr. Olumide Asaolu	311,573.86
Dr. Oluwafemi Adegboyega Ketiku	304,406.77
Dr. Onose A. Lawani	338,265.72
Dr. Peter Maree	92,297.52
Dr. Pierre Hanekom	64,709.53
Dr. Prince Manzini	162,790.76
Dr. Ricky Ilunga	300,919.32
Dr. Robert Steffen	56,727.66
Dr. Rosemarie Tessa Richardson	360,844.88
Dr. Saheed Gbamgbola	225,119.98
Dr. Taiwo Omolola Adetowubo	258,872.83
Dunmac Construction	1,327,359.99
Eecol Electric Ltd	60,453.62
EHealth Saskatchewan	198,522.32
GE Healthcare Canada	1,567,085.89
Geanel Restaurant Supplies	167,606.44
Grand & Toy Ltd	110,107.97
Great West Life	504,643.41
Health Science Association of Sask	85,037.47
Hill-Rom Canada	221,986.07
HLM Construction	3,675,675.33
Hospira Healthcare Corp	446,285.67
Instrumentation Laboratory	117,537.05
Inter Medico	64,904.90
Johnson & Johnson Inc	72,377.61
KCI Medical Canada Inc	115,569.79
Kelvington Ambulance Care Ltd	518,675.58
Logibec Inc	78,763.33
London Life Insurance Co	84,995.00
Maintenance Enforcement Office	60,000.00
Marsh Canada Limited	239,691.87
McKesson Canada	293,599.75
McKesson Distribution Partners	141,173.16
Melfort Ambulance	571,972.45
Ministry of Central Services	145,752.58
MLT Aikins	73,758.14
Neupath Group, PC Inc	50,004.75
New Horizons Staffing Inc	198,356.69
Nipawin Flight Center	75,878.25
Nipawin Medi-Clinic	138,053.18
North East EMS	1,618,108.17
Northeast Medical Clinic	98,585.85
Olympus Canada Inc	198,211.64
Ortho-Clinical Diagnostics	591,335.30
Oxoid Inc	52,101.87
P3A	50,955.43
Parkland Ambulance Care Ltd	197,540.91
Philips Healthcare	77,841.26
Prince Albert Parkland Reg Health Auth	53,633.84
Public Employees Superannuation Plan	64,416.80
Reaume Enterprises	92,994.93
RMD Project Management and Consulting	101,231.20
Saputo Foods Limited	128,778.73
Sask Energy	465,519.00
Sask Government Employees Union	1,336,194.66
Sask Healthcare Employees Pension Plan	11,439,528.29
Sask Power	1,425,130.00
Sask Tel	465,973.00
Sask Workers Compensation Board	1,320,641.56
Saskatchewan Union of Nurses	446,979.42
Saskatoon Regional Health Authority	375,970.94
Saskwest Mechanical Ltd	80,198.30
Schaan Healthcare Products	1,401,993.97

Shamrock Ambulance Care Ltd	280,937.88
Smith Agencies Ltd	74,064.00
Stevens Company Limited	238,187.74
Sysco Food Services	1,506,845.98
Tisdale Ambulance Care Ltd	587,253.41
Toshiba Business Solutions	107,751.94
Town of Naicam	142,328.47
Town of Nipawin	92,181.02
Town of Tisdale	92,303.49
Van Houtte Coffee Services Inc	85,787.60
Wood Wyant Inc	295,020.56

Sources

Government of Saskatchewan. *Ministry of Health and Healthcare System Plan for 2016-17.* Available at: http://www.finance.gov.sk.ca/PlanningAndReporting/2016-17/HealthPlan1617.pdf

Government of Saskatchewan. *Saskatchewan Plan for Growth: Vision 2020 and Beyond.* Available at: http://www.gov.sk.ca/adx/aspx/adxGetMedia.aspx?DocID=3975,594,1,Documents&MediaID=4745&Filename=Saskatchewan+Plan+for+Growth+-+Full+Version.pdf

Government of Saskatchewan. *Patient First Review Update: The journey so far and the path forward. June 2015.* Available at https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/patient-first-review

Government of Saskatchewan. *Planning Tool for Physician Resources in Saskatchewan. January 2016.* Available at: https://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/other-ministry-plans-and-reports

Government of Saskatchewan. *Sooner, Safer, Smarter: A Plan to Transform the Surgical Patient Experience.* March 2010. Available at: http://www.sasksurgery.ca/pdf/sksi-planstotransform.pdf

Government of Saskatchewan. *Primary Health: Patient Centred, Community Designed, Team Delivered. A framework for achieving a high performing primary health care system in Saskatchewan.* 2012. Available at: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/primary-health-care/about-primary-health-care

Government of Saskatchewan. *HIV and AIDS in Saskatchewan 2014.* December, 2015. Available at: https://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/annual-report-archive#step-4

Government of Saskatchewan. *Working Together for Change. A 10 Year Mental Health and Addictions Action Plan for Saskatchewan.* December 2014. Available at: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan

Accreditation Canada. Available at: http://www.accreditation.ca/

Canadian Standards Association. Available at: http://www.csagroup.org/ca/en/services/codes-and-standards

Safety Healthcare *Now*! Available at: http://www.saferhealthcarenow.ca/EN/Pages/default.aspx

eHealth Saskatchewan Covered Population. *Regional Health Authority (RHA) Population 2016.* Available at: https://opendata.ehealthsask.ca/MicroStrategyPublic/asp/Main.aspx

North East Regional Intersectoral Committee. *Northeast Housing Research Project: Housing Strengths and Gaps in Melfort, Nipawin, and Tisdale.* March 2010. Available at: http://www.northeastric.ca/publications/Northeast%20Housing%20Research%20Project%20Final%20Report.pdf

Saskatchewan Food Costing Task Group. *The Cost of Healthy Eating in Saskatchewan 2015.* https://www.dietitians.ca/Downloads/Public/2015-The-Cost-of-Healthy-Eating-in-Saskatchewan.aspx

Kelsey Trail Health Region. Primary Health Care Community Wellness Assessments 2015. Available at: http://www.kelseytrailhealth.ca/Programs/PHC/Pages/default.aspx

Statistics Canada. *Canadian Community Health Survey. 2015.* Table 105-0508 - Canadian health characteristics, annual estimates, by age group and sex, Canada (excluding territories) and provinces, occasional (number unless otherwise noted), CANSIM (database). (accessed: May 8,2017). http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050508&tabMode=dataTable&srchLan=-1&p1=-1&p2=9#customizeTab

Canadian Institute for Health Information (CIHI), 2017. *Your Health System.* Available at: https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/

Saskatchewan Health Quality Council. 2017. *Quality Insight*. Available at: http://www.qualityinsight.ca/

Saskatchewan Ministry of Health. *Health Status Report.* Available at: http://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/health-status-reports

Ministry of Health. Community Care Branch. 2015-2016 Community Program Profile.

For More Information

For further information relevant to the Kelsey Trail Health Region, contact Regional Office at (306)873-6600 or visit the following website:

Kelsey Trail Health Region
http://ww.kelseytrailhealth.ca/

Kelsey Trail Health Region

Regional Office
901-108th Avenue
Tisdale, SK S0E 1T0

Phone: 306-873-6600
Fax: 306-873-2372
www.kelseytrailhealth.ca